N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12332

1. PLACE OF DEATH

41 County Harrison — Registration District No. 337 — File No.

Township Union — Primary Registration District No. 5472 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Melvina Jane Gardner

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John S. Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11, 1861

7. AGE YEARS 71 MONTHS 0 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 25, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denton Texas 2

FATHER

13. NAME Tom Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 31

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Claude E. Gardner R# 1, Bethany, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Allen Cemetery DATE 4/16 1932

19. UNDERTAKER (ADDRESS) O P Hagan & Son Ridgeway, Mo.

20. FILED 4-16 1932 W F Broyles Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 32

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1932, to 4-15, 1932

I last saw her alive on 4-15, 1932. Death is said to have occurred on the date stated above, at 8:30 a.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-29-32
131 / 82A 131	
Other contributory causes of importance: Chronic Nephritis interstitial	2

Name of operation No Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) W F Broyles, M. D.

(Address) Eagleville Mo.