

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

Do not use this space.

25455

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. 5910 King Hill Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alice Marwin Gardner  
 (a) Residence, No. 5910 King Hill Ave., St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William O. Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 0 17

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 93C  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 57A  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 01

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton Missouri

MOTHER FATHER  
 13. NAME Lloyd Morley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

15. MAIDEN NAME Julia A. Holtzidge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Kentucky

17. INFORMANT (ADDRESS) Mrs. Simpson  
Minneapolis, Minn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE August 22, 1932

19. UNDERTAKER (ADDRESS) Shelton General Home  
St. Joseph, Missouri

20. FILED AUG 22 1932 Paul Kender Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 - 27 to Aug 20 - 1932  
 I last saw her alive on Aug 20, 1932 Death is said to have occurred on the date stated above, at 2:27 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic multiple arthritis Date of onset 1912  
and Chronic Myocarditis

Other contributory causes of importance: General arteriosclerosis  
Sclerosis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) John J. Tuckey, M. D.  
 (Address) St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 21 1932

