

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.

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

Do not use this space.

26331

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City N. C. Mo. No. 4561 Main St. St. _____ Ward _____

File No. _____
Registered No. 3189
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4561 Main St. St. 7 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

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 male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-25-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 4 19

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME Ephraim Gardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Roy Noll
(ADDRESS) 4561 Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE Aug 15 1932

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brookfield

20. FILED Aug 15 1932 M. M. Caroline
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-14-1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1932, to Aug 14, 1932

I last saw him alive on Aug 13 1932 Death is said to have occurred on the date stated above, at 6:50 PM

The principal cause of death and related causes of importance were as follows: Carcinoma of stomach Date of onset Apr 15 1932

Other contributory causes of importance: Metastatic growths in liver

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? none Date of injury _____

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury none

Nature of injury none

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

If so, specify (Signed) Edward H. Myers

(Address) 810 Park Bldg

Realt's Har. 16/2

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