

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

Do not use this space.

1. PLACE OF DEATH

County Rushmore

Registration District No. 85

Township

City St Joseph Mo (No. State Hospital)

Primary Registration District No. 1001

File No. 38530

Registered No. 1248

St. _____ Ward _____

2. FULL NAME Harold Gardner

(a) Residence, No. 2727 Baltimore St City _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Anna E. Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1892

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min. 40 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Red Cap Man Station

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) M'Manettez, I

13. NAME Robert Gardner

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

15. MAIDEN NAME Jennie Leah

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

17. INFORMANT State Hospital Records (ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. DATE Dec 18, 1932

19. UNDERTAKER Sherman Funeral Home (ADDRESS) St Joseph Mo

20. FILED 12-17-32 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to Dec 16, 1932

I last saw him alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 2:40 p.m.

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

Broncho Pneumonia

11A

107A

112

Other contributory causes of importance: Influenza

Date of onset Dec 11, 1932

Dec 9, 1932

Name of operation no 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? no Date of injury _____, 19____

Where did injury occur? no (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) R. H. Miles, 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.

JAN 21 1933

