

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **110063**

City **St. Louis mo.** (No. **# Peoples Hospital**)

File No. **42364**
Registered No. **11495**
St. Ward)

2. FULL NAME **Florida Gardner**

(a) Residence, No. **3941 Cook** St. **11** Ward.

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4 - 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
38 9 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **244**

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) **Dyersburg Tenn**

13. NAME **Shepherd Mitchell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nashville Tenn**

15. MAIDEN NAME **Julia Nash**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dyersburg Tenn**

17. INFORMANT (ADDRESS) **Sylvestor Mitchell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **12-25-32**

19. UNDERTAKER (ADDRESS) **A. J. (Buddie) Walton 2701 St. Louis**

20. FILED **DEC 25 1932** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-21-1932**

22. I HEREBY CERTIFY, That I attended deceased from **12-13-1932** to **12-21-1932**
I last saw h. **ex** alive on **12-21-1932** Death is said to have occurred on the date stated above, at **6:45 P.M.**

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

Intestinal obstruction Date of onset **12-13-32**
1223
36 | **2123**

Other contributory causes of importance:

1. Post operative paralytic ileus 2. Sepsis
Name of operation **Obstructive band release, abdominal** Date of **12-15-32**
What test confirmed diagnosis? **revers. abdominal** 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.

24. Was disease or injury in any way related to occupation of deceased? **no.**
If so, specify **Phin W. Hester, M. D.**

(Signed) **Phin W. Hester** (Address) **2425 Biddle**

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.

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

