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

Do not use this space.

File No. 2989

Registered No.

1. PLACE OF DEATH

County St Louis — Registration District No. 704

Township St Ferdinand — Primary Registration District No. 6030

City Ferguson Mo. (No. 425, Hern Ave. St. ..... Ward)

2. FULL NAME Martha J. Gardner

(a) Residence, No. 425 Hern ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos. C. Gardner.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	3	13	

OCCUPATION

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

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

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 COUNTY) Decatur Illinois

FATHER

13. NAME Rufus Riggle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Dont know

17. INFORMANT Mr. Philip Harff
(ADDRESS) 425 Hern ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marys Cemetery DATE Jan 26 1933

19. UNDERTAKER Geo. L. Pletsch Inc.
(ADDRESS) 5966 Easton ave.

20. FILED 2-8 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1933, to Jan 23, 1933
I last saw her alive on Jan 23, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Interstitial Nephritis	1928
131	

Other contributory causes of importance:

Osteoarthritis	1926
Myocarditis	1932

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) Roy Johnson, M. D.
(Address) Ferguson 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.

[illegible]