

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

Do not use this space.

**22845**

1. PLACE OF DEATH  
 County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township Campbell Primary Registration District No. 7001 Registered No. 565a  
 City Springfield (No. St. John's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ide May Gardner  
 (a) Residence, No. Clark mo. St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John H. Gardner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1870  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 9 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
 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) New Ozark Mo.  
 13. NAME Tom Crumpton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Smaller  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT J. H. Gardner  
 (ADDRESS) Ozark mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE July 9 1933

19. UNDERTAKER B. C. Flicker  
 (ADDRESS) Ozark Mo.  
 20. FILED 8-26-1933 Registrar R. P. ...

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1933  
 22. I HEREBY CERTIFY that I attended deceased from June 21 1933 to July 8 1933  
 I last saw him alive on July 8 1933 Death is said to have occurred on the date stated above, at 9:45 A.M.  
 The principal cause of death and related causes of importance were as follows:

Disabetes Mellitus Date of onset \_\_\_\_\_  
 Myocardites chronic  
 Other contributory causes of importance: 59  
Anesthetic  
 Name of operation a. b. truncation operation Date of July 8, 33  
 What test confirmed diagnosis? Exam 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) R. P. ... M. D.  
 (Address) 407 Holland St. Springfield Mo.

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 28 1933

18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100