

JAN 8 1934

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

Do not use this space.

35598

1. PLACE OF DEATH

County Barry
Township Wheaton
City (No.)

Registration District No. 1168
Primary Registration District No. 2042A

File No.
Registered No. 16
St. Ward)

2. FULL NAME

(a) Residence, No. Wheaton Mo Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Key
13. NAME John M. Gardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key
15. MAIDEN NAME Gene Huff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key
17. INFORMANT James Gardner
(ADDRESS) Wheaton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton Mo DATE Nov 8th 33
19. UNDERTAKER (ADDRESS) Wheaton Mo
20. FILED Dec 1, 1933 E. Edmundson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6th 1933
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Nov 6, 1933
I last saw her alive on Nov 6, 1933. Death is said to have occurred on the date stated above, at 10:30 AM.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
" Valvular insufficiency "
92 A
93 C

Other contributory causes of importance: None
Name of operation None Date of None
What test confirmed diagnosis? Physical 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 C. W. Poor (Signed) Wheaton Mo, M. D.
(Address)

