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.

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

Do not use this space.
42407

1. PLACE OF DEATH
County: WASHINGTON
Township: BRETON
City: POTOSI (No. ..... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. .....
Registered No. .....

2. FULL NAME: THOMAS B. GARDNER.

(a) Residence, No. ..... 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: 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: ADA L. GARDNER.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/23/1873

7. AGE: Years 60 Months 9 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: SCHOOL JANITOR
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): FRANKLIN PENN.

FATHER
13. NAME: DAVID GARDNER.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LITTLE YORK. PENN

MOTHER
15. MAIDEN NAME: SARAH E. MILLER.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUTLER, PENN.

17. INFORMANT (ADDRESS): J. D. GARDNER. POTOSI MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: NEW MASONIC. DATE: 12-14 1933

19. UNDERTAKER (ADDRESS): J. B. BOYER & SON POTOSI MO.

20. FILED: Dec 15 1933 C. F. Crossville Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1933 to Dec. 13 1933
I last saw him alive on Dec 11 1933. Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Penis	
51F	
93D	

51

Other contributory causes of importance:
Myocarditis Anasarca

Name of operation: — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) H. Russwell, M. D.
(Address) Potosi Mo