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.

AUG 14 1934

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

Do not use this space.

File No. 23014

Registered No. 134

1. PLACE OF DEATH

County Adair — Registration District No. 4

Township Benton — Primary Registration District No. 3001

City Kirksville, (No. ..., ... St. ... Ward)

2. FULL NAME Mrs. Emma Gardner

(a) Residence, No. 614 N. Main 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1860

7. AGE — YEARS: 74 — MONTHS: 5 — DAYS: 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Feb. 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schyler County Missouri

FATHER

13. NAME: Edward Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Minerva Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Anna Reese 614 N. Main Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Park DATE 7/24/34, 19..

19. UNDERTAKER (ADDRESS): Davis & Wilson Kirksville

20. FILED July 24, 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1934 to 7-22, 1934, I last saw h. alive on 7-22, 1934. Death is said to have occurred on the date stated above, at 3 P.M.

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

Nephritis, chronic — Date of onset 1-1934

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Other contributory causes of importance:

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Name of operation ... Date of ...

What test confirmed diagnosis? ... 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) C. M. C. Wilcox M. D.

(Address) Kirksville Mo

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