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.

100M-11-24-33

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

SEP 14 1934

Do not use this space.

1. PLACE OF DEATH
County Christian — Registration District No. 181 — File No. 28658
Township Polk — Primary Registration District No. 5251 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME ODA FAY GARDNER
(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Herbert Gardner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-8-1914
7. AGE: YEARS 19 — MONTHS 11 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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: 10

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

FATHER
13. NAME: Geo. M. Tinsley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Julia A. West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Claude Batson, Billings Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wade Cemetery DATE Aug-10, 1934
19. UNDERTAKER (ADDRESS): A. S. Wallace, Billings Mo.
20. FILED Aug-10-1934 F. H. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-8-, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug-1, 1934 to Aug 8-, 1934
I last saw her alive on Aug 8, 1934 Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

TYPHOID FEVER WITH HEMORRHAGE

Date of onset

Other contributory causes of importance:

HEMOPHILIA

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) F. H. BROWN, M. D.
(Address) Billings, Mo.