

APR 23 1936

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

Do not use this space.

10872

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

/ 2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8-16-1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50

7

5

OCCUPATION

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

Laborer

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)

Missouri

MOTHER FATHER

13. NAME

Walter Gardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Sophia Kerr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

17. INFORMANT (ADDRESS)

Fred Clark
The Central Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE

Lee's Summit, Mo.

DATE 3-23-1936

19. UNDERTAKER (ADDRESS)

Tilda & James Lee's Summit, Mo.

20. FILED

Mar 22, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-36, 19

22. I HEREBY CERTIFY That I attended deceased from 3-15, 1936, to 3-21-36, 19

I last saw him alive on 3-21-36, 19. Death is said

to have occurred on the date stated above, at m.

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

Acute ulcerative Cholecystitis
Decubital Cholangitis

Date of onset

Other contributory causes of importance:

Acute nephritis

127

Name of operation

Date of

What test confirmed diagnosis? Pathology 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) Russell W. Jensen, M. D.

(Address)

D. M. W.

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.

5 - 2-05
1855-81
1925-3-2
5-15
5-15
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