

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.

JUN 23 1936

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

Do not use this space.

16051

1. PLACE OF DEATH

County Mellen Registration District No. 356
Township Keshwauk Primary Registration District No. 4331
City Iberia, Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Infant 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/10/36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Iberia, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Wesley Gardner

14. BIRTHPLACE (CITY OR TOWN) Iberia, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lena Ples. Atwell

16. BIRTHPLACE (CITY OR TOWN) Iberia, Mo. (STATE OR COUNTRY)

17. INFORMANT G. W. Duncan (ADDRESS) Iberia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lucy DATE 4/11 1936

19. UNDERTAKER Wesley Gardner (ADDRESS) Iberia, Mo.

20. FILED June 10, 1936 Mrs. W. A. Van Buren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1936, to 4/10 1936

I last saw him alive on 4-10 1936. Death is said to have occurred on the date stated above, at 2 p. m.

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

Premature 5 months Date of onset _____
Other contributory causes of importance: 159

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) G. W. Duncan, M. D.
(Address) Iberia, Mo.

