

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

Do not use this space.

27043

1. PLACE OF DEATH

County Jasper Registration District No. 4" File No. _____
 Townshp _____ Primary Registration District No. 2007 Registered No. _____
 City Joplin (No. 115) Waller St. _____ Ward _____

2. FULL NAME

Mrs. Alpha Onaida Gardner
 (a) Residence, No. 609 W 12th 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
33 5 8

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

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) Joplin Mo

13. NAME Bill Talton

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

15. MAIDEN NAME Gettie May West

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

17. INFORMANT L. D. Wilson (ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Mem Park DATE July 28-31

19. UNDERTAKER (ADDRESS) W. S. ... Co

20. FILED 7-28-36 Ed J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1936

22. I HEREBY CERTIFY That I attended deceased from July 24, 1936, to July 26 1936
 I last saw deceased on July 26 1936 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:
stroke and pneumonia
due to gunshot wound
through abdomen
 Date of onset _____

Other contributory causes of importance:
hypertension 167

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? suicide Date of injury 7-25-1936
 Where did injury occur? Joplin Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury suicide
 Nature of injury gunshot wound through abdomen

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. J. Hogan M. D.
 (Address) _____

W. J. Hogan Jr.

