

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.

DEC 18 1936

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

Do not use this space.

37075

1. PLACE OF DEATH

County Christian Registration District No. 186
Township Oldfield, Mo. Primary Registration District No. 5-2-8
City Oldfield (No.) St. Ward)

2. FULL NAME

James 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Artelia Gardner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12th 1855</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Mo.</u>		
MOTHER / FATHER	13. NAME <u>Sam. Gardner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Francis Garrison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Amie Gardner</u> (ADDRESS) <u>Oldfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith Cemetery</u> DATE <u>10-20</u> 19 <u>36</u>		
19. UNDERTAKER <u>Rathbun & Chaffin</u> (ADDRESS) <u>Sparta, Mo.</u>		
20. FILED <u>12-4</u> 19 <u>36</u> <u>Josephine Merritt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from the body 10/18, 1936, to, 19.....
I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

Other contributory causes of importance:
arterial Sclerosis

Name of operation Exhumed Date of

What test confirmed diagnosis? Exhumed Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?, 19.....
Where did injury occur?, 19.....
(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 T. B. Chaffin
(Signed) T. B. Chaffin (Address) Sparta, Mo.

