

JAN 29 1937

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

Do not use this space.

44109

1. PLACE OF DEATH

County Christian Registration District No. 184 File No. _____
Township Franklin Primary Registration District No. 5255 Registered No. 57
City Franklin (No. _____) St. _____ Ward _____

2. FULL NAME

John H. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 - 1866

to have occurred on the date stated above, at 10 a.m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 16

Date of onset

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

Cerebral Hemorrhage

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) Dec 22 - 1936 11. Total time (years) spent in this occupation 40

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mo

13. NAME Capt William Gardner

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Bessie Gardner (ADDRESS) Ozark Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Glenn Family DATE Dec 24 1936

19. UNDERTAKER B. C. Kieffer (ADDRESS) Ozark Mo

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) T. B. Chaffin Coroner, M. D.
(Address) Ozark Mo

20. FILED Jan 5 1937 Luella Leonard Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

