

FEB 7 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County GreeneRegistration District No. 318File No. 1927

Township

Primary Registration District No. 2001Registered No. 0017City Springfield(No. St. Johns Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Columbus Gardner(a) Residence, No. Aurora Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Aurora Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 3

da.

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

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFIda Gardner

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

June 11-1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.58624

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Auto Salesman9. 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)

TennesseeMOTHER  
FATHER

13. NAME

R. B. M. Gardner

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

15. MAIDEN NAME

Adeline Rhoades

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

17. INFORMANT

(ADDRESS)

Mrs. Ida Gardner  
Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

AURORA Mo.

DATE

Jan 7

1937

19. UNDERTAKER

(ADDRESS)

King Funeral Home  
Aurora Mo.

20. FILED

Jan 7

1937

Chas. A. George, M.D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Jan, 5 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2 1937, to Jan 5 1937I last saw him alive on Jan 6 1937 Death is saidto have occurred on the date stated above, at 2.15 A.M.

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

Uraemia -  
Obstructive structure  
membranous urethra

Date of onset

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? None Was there an autopsy? No

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 no(Signed) Chas. A. George

M. D.

(Address) Aurora Mo.

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.

