

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No. 11127
Registered No. 96
St. Ward)

2. FULL NAME

John Franklin Gardner
(a) Residence No. 1609 Windsor St. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-14-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>77</u>	<u>2</u>	<u>15</u>		

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

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) Kentucky13. NAME Alont Know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alont Know15. MAIDEN NAME Alont Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alont Know17. INFORMANT (ADDRESS) Mrs. L. L. Borkley18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield, Mo. DATE 3-30 193719. UNDERTAKER (ADDRESS) Parker Furniture Co20. FILED 3/30 1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 29 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 30 1937
I last saw him alive on March 28 1937 Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Chronic myocarditis
Arterio-sclerosis

Other contributory causes of importance: 93

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) Robert H. Simpson, M. D.(Address) Columbia, 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.

