

MAY 21 1937

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

Do not use this space.

16490

1. PLACE OF DEATH

County Wickery  
Township Wheatland  
Wheatland, Mo. No.

Registration District No. 365  
Primary Registration District No. 5511

File No. 6  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Francis Wayland 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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1854

7. AGE YEARS 82 MONTHS 9 DAYS 7 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Tennessee

13. NAME Stephen Gardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Jervis

15. MAIDEN NAME Sarah Woods

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

17. INFORMANT Susie Gardner

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner Cem DATE 4/14 37

19. UNDERTAKER (ADDRESS) Luther Funeral Home Wheatland, Mo

20. FILED 4-18 - 1937 Mrs. A. S. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April - 8 - 1937, to April - 13 - 1937

I last saw him alive on April - 12 - 1937. Death is said to have occurred on the date stated above, at 1:00 a m.

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

Lobar Pneumonia Date of onset 4-7-37

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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? No

If so, specify \_\_\_\_\_

(Signed) A. S. Johnston, M. D.

(Address) Wheatland 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.

