

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

NOV 17 1937

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

Do not use this space.

37671

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo. (No. Burge Hospital)

File No. _____
Registered No. 989
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sander Mo. 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)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1936
7. AGE YEARS 1 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-37
22. I HEREBY CERTIFY, That I attended deceased from 10-10-1937 to 10-12-1937
I last saw him alive on 10-12-37 Death is said to have occurred on the date stated above, at 12:05 m.
The principal cause of death and related causes of importance were as follows:

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

Membranous laryngitis diphtheritic? Date of onset 10-8-37
10
Other contributory causes of importance: Broncho pneumonia 10-11-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sander, Mo.
13. NAME Mr. Ruby Allen Gardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sander, Mo.

Name of operation Tracheotomy Date of 10-11-37
What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Verna Prack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waxton, Mo.
17. INFORMANT Mr. Ruby Gardner (ADDRESS) Sander, Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sander, Mo. DATE Oct 12, 1937
19. UNDERTAKER Family (ADDRESS) Sander, Mo.
20. FILED Oct 12, 1937 Chas. C. George Registrar

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Arthur Beach, M. D.
(Address) Springfield, Mo.

