

REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATHCounty GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield (No. 1005 W. Walnut)

File No. 6805
 Registered No. 166
 St. _____ Ward _____

2. FULL NAME

Ellen Jane Gardner 635
 (a) Residence, No. 1005 W. Walnut St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1853

7. AGE YEARS 85 MONTHS 0 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Pleasant Hope Mo.13. NAME Samuel Beckley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Jane Bueley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Mrs. E. L. John Gardner (ADDRESS) 1005 W. Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE Feb 23, 1938

19. UNDERTAKER Fred C. Freiney (ADDRESS) Springfield, Mo.20. FILED Feb 23, 1938 Chas. C. Gargano Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 193822. I HEREBY CERTIFY, That I attended deceased from Apr 1937 to Feb 21, 1938

I last saw h. alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 5:25 p.m.

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

Carcinoma of Tongue primary 45
 Date of onset 4/37

Other contributory causes of importance:

SenilityName 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? No

If so, specify _____

(Signed) Chas. C. Gargano, M. D.(Address) Springfield, 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.

February 21st, 1938.

Fred C. Thieme.

Undertaker and Embalmer.

License No 2899.