

REC'D JAN 13 1939

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

41863

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 100 Registered No. 4929
(c) City W.C. Mo. (d) Street No. General Hospital #2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1324 E. 16th St. 2nd Fl. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zink
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Mo. Columbia, Mo.
13. NAME OF FATHER Charles B. Gardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown, Ga.
15. MAIDEN NAME Charlotte Zink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.
17. INFORMANT (ADDRESS) Record Clerk General Hosp.
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12-17 1938
19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros. 2000 E. 12th
20. FILED Dec 19 1938 M.M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1938
22. I HEREBY CERTIFY, That I attended deceased from 10-15 1938 to 12-7 1938
I last saw her alive on 12-7 1938 Death is said to have occurred on the date stated above, at 12:10 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Left Breast with Ulceration + Metastases Date of onset
Other contributory causes of importance: Generalized Carcinomatosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
(Signed) J. C. Brown, M. D.
(Address) General Hospital #2

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Edw. J. Evans* _____

Licensed Embalmer No. *3836*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)