

136D MAY 1 0 1939

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

14209  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township Columba Primary Registration District No. 3006  
(c) City Columba or Columba (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1505 Ross St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Hershey M. Gardner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 14, 1851</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>0</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>		
9. Industry or business in which work was done, as 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) <u>Carrollton, Ill</u>		
13. NAME <u>Gordoy J. Calvin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>		
15. MAIDEN NAME <u>Eliza A White</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>		
17. INFORMANT (ADDRESS) <u>Mrs. E. R. Castock Columba, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burton Mo.</u> DATE <u>Apr. 25, 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Barber Fun. Chgo</u>		
20. FILED <u>4/24/1939</u> <u>Allie Selby</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1939, to Apr 22, 1939  
I last saw her alive on 4-22-1939 Death is safe to have occurred on the date stated above, at 9:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Organic Heart Disease  
Mitral Stenosis  
Date of onset no data

Other contributory causes of importance:  
As medical  
Asthma

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. P. Williamson, M. D.  
(Address) Columba, 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Tom McHarg Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia, Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**