

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

Do not use this space.

27033

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 100
St. _____ Ward _____

2. FULL NAME

Gertie Ella Gardner

(a) Residence No. 907 W 3rd St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Rose Gardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 - 1877

7. AGE YEARS 50 MONTHS _____ DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Joseph Marshall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Gertie Ella Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Vermont

14. INFORMANT Rose Gardner (Address) Clinton Mo.

15. FILED Sept 10 27 Dr. E. C. Peeler by J.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1927

17. I HEREBY CERTIFY That I attended deceased from Feb 10 1927 to Sept 9 1927 that I last saw him alive on 2 8 1927 and that death occurred, on the date stated above, at 5-4-27

THE CAUSE OF DEATH WAS AS FOLLOWS:
Paratyphoiditis
99%

CONTRIBUTORY (SECONDARY) 710 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) J. J. Mallis, M. D. (Address) Clinton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL 9/10 1927

20. UNDERTAKER Sims - Wilkerson Co ADDRESS Clinton

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.

1927

