

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

Do not use this space.

REC'D OCT 20 1938

**1. PLACE OF DEATH.**

42  
4  
2

County Henry Registration District No. 347  
 Township \_\_\_\_\_ Primary Registration District No. 3018  
 City Clinton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 32294

**2. FULL NAME**

Albert Rose Gardner 6351  
 (a) Residence, No. 907 N 3rd St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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**

**3. SEX** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Dec 10 1869  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 9 12  
**8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.** merchaut  
**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)** De Kalb Mo

**13. NAME** James A Gardner

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St Joseph Mo

**15. MAIDEN NAME** Eliza Cranfield

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** nearley St Louis

**17. INFORMANT (ADDRESS)** Opal Gardner  
907 N 3rd St

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Clinton Sept 23 1938

**19. UNDERTAKER (ADDRESS)** Dudley Spore

**20. FILED** 9-26 1938 Dr J. R. Hampton Registrar 312

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 22, 1938

**22. I HEREBY CERTIFY**, that I attended deceased from Aug 31, 1938, to Sept 22, 1938.  
 I last saw him alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 3 A. m.

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

Other contributory causes of importance:  
Hyperthymic prostate  
ulceris  
 Date of onset Aug.

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?**  
 If so, specify \_\_\_\_\_ (Signed) Joseph B. O'Neil, M. D.  
 (Address) Clinton, 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.

137

RECEIVED

District Health Officer No. 7,

District File Number 7-38-257

Date Filed 10-11-38

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

32294  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
(b) Township ..... Primary Registration District No. 3018 Registered No. ....  
(c) City Clinton (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Rose Gardner

(a) Residence, No. .... 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 9 12

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1958

22. I HEREBY CERTIFY, That I attended deceased from 19.. to .., 19..

I last saw h. .... alive on .., 19.. Death is said to have occurred on the date stated above, at .. m.

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

urthritis  
12/1  
Date of onset

Other contributory causes of importance:  
Hypertrophied prostate  
to epharistic chronic

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? .....

If so, specify: Joseph B. O'Neil, M. D.  
(Signed) Clinton  
(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-32294