

DEC 18 1936

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

Do not use this space.

37075

1. PLACE OF DEATH

County

Christian

Registration District No.

186

Township

Oldfield, Mo.

Primary Registration District No.

5-25-8

City

Oldfield

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

James Gardner

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 (write the word) Widowed
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Artelia Gardner		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12th 1855		
7. AGE YEARS 80	MONTHS 10	DAYS 7
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	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) Mo.		
FATHER	13. NAME Sam. Gardner	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
MOTHER	15. MAIDEN NAME Francis Garrison	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
17. INFORMANT (ADDRESS) Annie Gardner Oldfield, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE 10-20 1936		
19. UNDERTAKER (ADDRESS) Rathbun & Chaffin Sparks, Mo.		
20. FILED 12-4 1936 Josephine Merritt Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	Oct 19th 1936
22. I HEREBY CERTIFY, That I attended deceased from	the body 10/19 1936, to
I last saw him alive on	1936, 19
Death is said to have occurred on the date stated above, at	7 A. M.
The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage	
Date of onset	
Other contributory causes of importance: arterial Sclerosis	
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)	T. B. Chaffin, M.D.
(Address)	Sparks, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.