

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

Do not use this space.

MAR 16 1928

4169

1. PLACE OF DEATH  
Buchanan

County.....

Registration District No. **85**

File No. ....

Township.....

Primary Registration District No. **1001**

Registered No. **267**

City. **St. Joseph**

(No. **1314 North 12th Street**)

St. .... Ward)

2. FULL NAME **Della Gardner**

(a) Residence. No. **1314 N. 12th** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **F** female  
4. COLOR OR RACE **Negro**  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 29 1928**

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

17. I HEREBY CERTIFY, That I attended deceased from **an** **an** **March 1**, 1928, to **an**, 1928, and that I last saw him **an** alive on **an** **5.30 p.** 1928, and that death occurred, on the date stated above, at **an**.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 19 1886**

THE CAUSE OF DEATH:\* WAS AS FOLLOWS:

7. AGE **42** YEARS MONTHS **11** DAYS **10** If LESS than 1 day, hrs. or min.

**Chronic Myo. Carditis**  
**93E**

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

CONTRIBUTORY (SECONDARY) **90 B**  
(duration) yrs. mos. ds.  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **Richmond Mo.**  
(STATE OR COUNTRY) **Mo.**

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

10. NAME OF FATHER **George Gardner**

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....  
WAS THERE AN AUTOPSY? **an**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Unknown**

WHAT TEST CONFIRMED DIAGNOSIS? **an** **History of symptoms**  
(Signed) **Dr. Mary Carner**, M. D.  
**3/2**, 1928 (Address) **St. Joseph Mo**

12. MAIDEN NAME OF MOTHER **Amanda Clemons**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Richmond Mo.**  
(STATE OR COUNTRY) **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.

14. INFORMANT **Forstine Carey**  
Address **1521 Savannah Ave.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Richmond Mo.**  
DATE OF BURIAL **3/3/1928**

15. FILED **1928**  
**John J. [Signature]**  
REGISTRAR

20. UNDERTAKER **I. F. Ramsey Funeral Service**  
ADDRESS **9th & Olive**

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.

