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

Do not use this space.

18453

1. PLACE OF DEATH

105 County Sullivan — Registration District No. 85-3

Township Liberty — Primary Registration District No. 6117

City Rural Harris — (No. ..... St. ..... Ward)

File No. .....

Registered No. 10

2. FULL NAME Angeline Gardenier

(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. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

JUN 27 '32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	W	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Wm Jackson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1857

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	8	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Leonard L Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER Mary A. Gessner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Ind

14. INFORMANT Noble Smith

(Address) Eagleville Mo

15. FILED 5.25, 1932 — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1932

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

that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental

Burned almost Complete

Cremation in House fire

180 (duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) 180 (duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr J. C. Roberts Coroner, M. D

5-23-, 1932 (Address) Pollock 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. Autopsy Coroners Verdict

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — Union Grove — DATE OF BURIAL 5-25 1932

20. UNDERTAKER H & H Mortuary — ADDRESS Harris 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.

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