

# Lola May Gardner Death Certificate

I PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Salamau</u>		Department of State - Division of Vital Statistics	
Township _____		<b>CERTIFICATE OF DEATH</b>	
Village _____		Registered No. <u>89</u>	
City <u>Borgess Hospital</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Lola May Gardner</u>		FEB - 5 '19	
(a) Residence, No. <u>514 So. Rose</u> St., Ward _____		(If non-resident give city or town and State.)	
Length of residence in city or town where death occurred yrs. <u>3</u> mos. _____ ds.		How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	
5a If married, widowed or divorced HUSBAND or (or) WIFE of <u>Warren H Gardner</u>			
6 DATE OF BIRTH (Month, day and year.) <u>July 18 - 1880</u>			
7 AGE	Years <u>38</u>	Months <u>11</u>	Days <u>17</u>
	If LESS than 1 day, _____ hrs. OR _____ min.		
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>At Home</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9 BIRTHPLACE (city or town) <u>Michigan</u> (State or country) <u>Mich.</u>			
10 NAME OF FATHER <u>Benjamin J. Gardner</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Unknown</u>			
12 MAIDEN NAME OF MOTHER <u>Virginia Piggott</u>			
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Unknown</u>			
14 Informant <u>Warren H Gardner</u> (Address) <u>Salamau</u>			
15 Filed <u>9-0-1919</u>			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Jan 30 1919</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 1 1919</u> to <u>Jan 30 1919</u> that I last saw her alive on <u>Jan 29 1919</u> and that death occurred on the date stated above at <u>449</u>			
The CAUSE OF DEATH* was as follows: <u>Respiratory Distress following hysterectomy for a degenerated fibroid tumor of uterus 45 days after op.</u>			
CONTRIBUTORY <u>Long term been in hospital</u> (Secondary) <u>1 yrs. 1 mo. 10 ds.</u>			
18 Where was disease contracted? _____ If not at place of death? _____			
19 Did an operation precede death? <u>Yes date <u>Jan 28</u></u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Operation</u> (Signed) <u>Andrew Moran, M. D.</u>			
Address <u>SALAMAU, MICH.</u>			
*State the Disease, Cause, Death, or its death from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Antemortem, Postmortem, or Esmolant. - See reverse side for further instructions.			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Lansing</u>		Date of Burial <u>Jan 31 1919</u>	
20 UNDERTAKER <u>G. O. Fredrick</u>		Address <u>Salamau</u>	