

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

Do not use this space.

9138

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township St. Louis Primary Registration District No. \_\_\_\_\_  
 (City) Kansas City (No. 721 East 17th) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1 1210  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 721 East 17th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. 3 How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 | 11 | 15 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Porter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER John H. Gardner

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

12. MAIDEN NAME OF MOTHER Mary Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Horsey Buford  
 (Address) 721 E 17th

15. FILED 3-24-28 M M Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21 19 28

17. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1928, to March 21 1928 that I last saw h. him alive on March 20th 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of cecum  
4 1/2  
7 1/2 x 5  
 (duration) X yrs. 4 mos. X da.

CONTRIBUTORY (SECONDARY) Anemia  
 (duration) X yrs. X mos. 21 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
3/22 (Signed) J. Suggenblain M. D.  
 (Address) X 6 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem DATE OF BURIAL 3/24 1928

20. UNDERTAKER Hathins Bros ADDRESS 1729 Lydia

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.

Guggenheim