

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

Do not use this space.

14338

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4

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 116
 City Washington (No. South Stafford)

File No. _____
 Registered No. 430
 St. 3rd Ward

2. FULL NAME

Larkin Gardner

(a) Residence No. South Stafford St (If nonresident give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 1 mo. 1 da. How long in U.S., if of foreign birth? 69 yrs. 2 mos. 24 da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Gardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
68 | 2 | 24

8. OCCUPATION OF DECEASED Farming
 (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

9. BIRTHPLACE (CITY OR TOWN) Gore, Mo
 (STATE OR COUNTRY) Warren County

10. NAME OF FATHER Home Gardner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gore, Mo
 (STATE OR COUNTRY) Warren County

12. MAIDEN NAME OF MOTHER Marabella Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warrenton, Mo
 (STATE OR COUNTRY) Warren County

14. INFORMANT Halter Gardner
 (Address) Washington Mo

15. Apr. 11, 1929 O. L. Munn
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1929

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to April 11, 1929 that I last saw him alive on April 11, 1929, and the death occurred, on the date stated above, at 3:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture of Coronary Artery
of Heart
 (duration) 1 yrs. 1 mo. 1 da.

CONTRIBUTORY Arteriosclerosis
 (SECONDARY)
 (duration) 2 yrs. 2 mo. 4 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

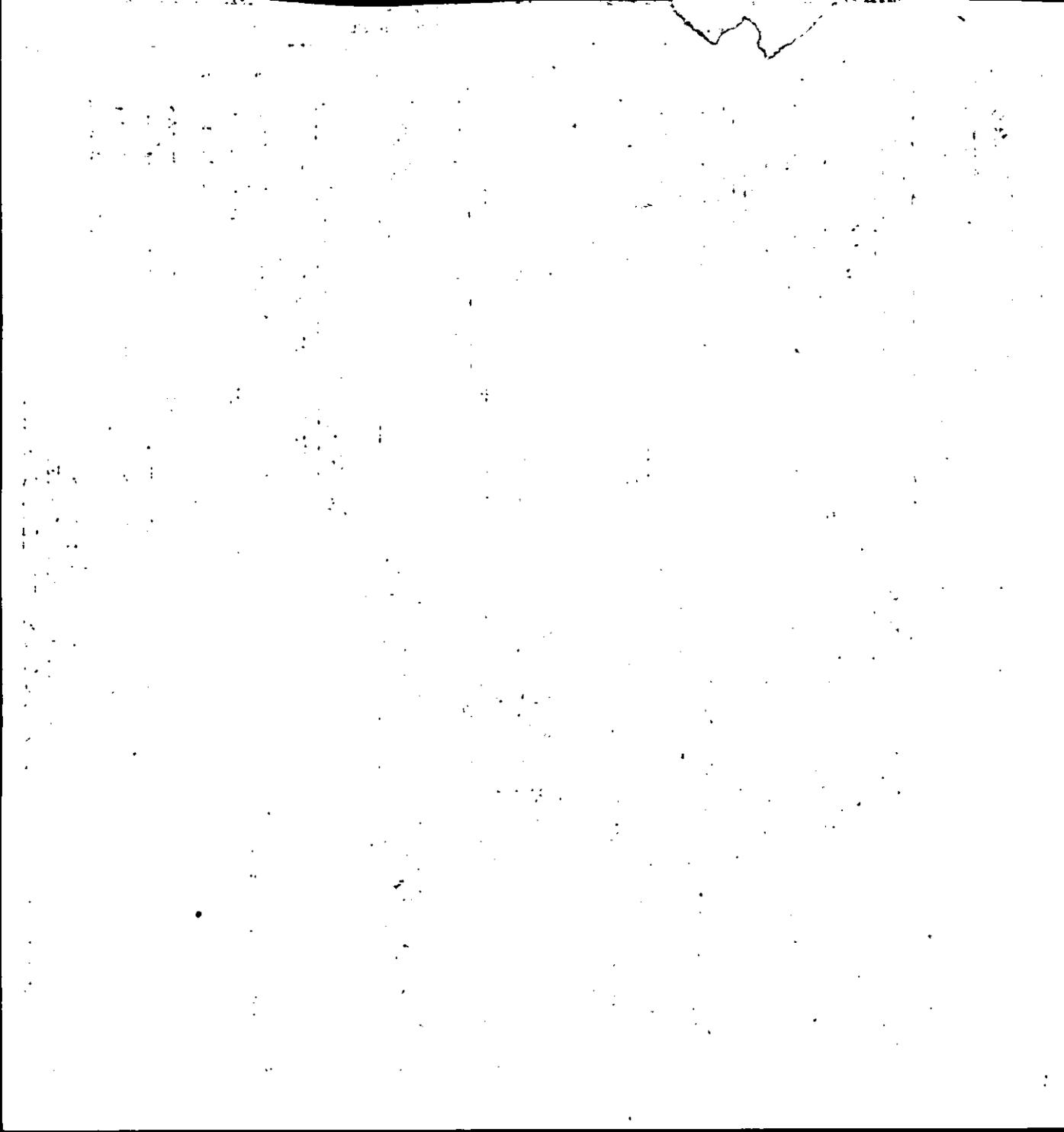
WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) Werner F. Wagner, M.D.
Apr. 11, 1929 (Address) Washington, Mo

*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 St. Peter's Cemetery Washington Mo DATE OF BURIAL 4/11/29 1929

20. UNDERTAKER Kieburg & Pitt ADDRESS Washington Mo

PARENTS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin Registration District No. 297 File No. _____
 Township _____ Primary Registration District No. 3016 Registered No. _____
 City Washington (No. _____) St. _____ Ward _____

2. FULL NAME

Larkin 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(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 _____

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____ (Address) _____

15. FILED Apr. 11, 1929 O. L. Muench REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/11 1929

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rupture of Coronary Artery of Heart

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 4 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED at place of death IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Henry J. Wagner M. D.

Apr. 11, 1929 (Address) Washington, 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 _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

REGISTRARS SHALL NOT BE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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S-14338

Handwritten notes and signatures, including the word "AT" and a signature.

AMOUNT \$ 100.00
DATE 1/1/50
BY J. H. [Signature]

RECEIVED

Handwritten notes and signatures at the bottom of the page.

AMOUNT \$ 100.00
DATE 1/1/50
BY J. H. [Signature]

RECEIVED

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