

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

Do not use this space.

25458

**1. PLACE OF DEATH**

County Phelps  
Township Rolla  
City Rolla (No. \_\_\_\_\_)

Registration District No. 677  
Primary Registration District No. 4403

File No. \_\_\_\_\_  
Registered No. 75  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David N. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 2 3

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) 2101  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Moxxville, Tenn.  
(STATE OR COUNTRY)

10. NAME OF FATHER D. J. Little

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

12. MAIDEN NAME OF MOTHER Knapp

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

14. INFORMANT W. J. Little  
(Address) Rolla, Mo.

15. FILED July 20, 1929 Geo. F. Myers  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
in last illness \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_  
that I last saw \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_, and that  
death occurred, on the date stated above, at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Auto mobile accident -  
fractured skull, one ear  
to go off, right leg broken  
upper 1/3 of tibia & fibula  
Caecum over body

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

8 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) A. Sidney McFarland

7-20, 1929 (Address) Rolla, 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 \_\_\_\_\_

Rock Spring Cemetery July 21 1929

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Null & Dickler Rolla, Mo.

(over)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CASE OF DEATH in plain terms, so that it may be properly classified.

8 1929  
81  
4  
2

17  
2  
31

This accident occurred at Vicksburg,  
Mo., on U. S. Highway 63, by Tourist  
from Okla. and he was brought to  
the Rolla hospital.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Chelso  
Township Rolla  
City Rolla (No. ....)

Registration District No. 677  
Primary Registration District No. 4403

File No. ....  
Registered No. 95-  
St. .... Ward)

**2. FULL NAME**

David N. Gardner

(a) Residence. No. .... St., .... Ward.

(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) W

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 July 19 1929 Joe. F. Myers REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1929

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..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Auto mobile accident  
fractured skull one ear  
fractured right leg broken  
accident occurred at Vichy, Mo.  
Contributory Missouri on U.S. Highway  
63. Tourist from Rolla, Mo.

18. WHERE WAS DISEASE CONTRACTED with Mr. Gardner

IF NOT AT PLACE OF DEATH Vichy is 12 miles West

DID AN OPERATION PRECEDE DEATH? DATE OF Rolla, Mo.

WHAT TEST CONFIRMED DIAGNOSIS? Marie County

(Signed) [Signature] M. D.

, 19 (Address)

\*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

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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