

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

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.

31307-1

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

Do not use this space.

N

31307-1

1. PLACE OF DEATH

County McDonald  
Township Prairie  
City Southwest City (No. ....)

Registration District No. 315  
Primary Registration District No. 4311

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Gerald LaVerne 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7th 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
I 5 II

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) Washburn  
(STATE OR COUNTRY) Barry County Mo

10. NAME OF FATHER John Gardner

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

12. MAIDEN NAME OF MOTHER Eula McKnight

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

14. INFORMANT John Gardner  
(Address) Southwest City Mo

15. FILED 9/9 19 29 John J. Nichol  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18th 19 29

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18 19 29 to Sept. 18 19 29  
that I last saw him alive on Sept. 18 19 29 and that death occurred, on the date stated above, at 11:55 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cholera Infantum  
W. J. E. G. (duration) yrs. mos. 10 ds.

CONTRIBUTORY XXXXXXX (SECONDARY)  
ZZZZ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH ZZZZZ

DID AN OPERATION PRECEDE DEATH? DATE OF  
8

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. C. Ingram M. D.

9-19, 19 29 (Address) Southwest City 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 Maysville Cemetery ARK DATE OF BURIAL 9/19th 19 29

20. UNDERTAKER Nichols Brothers ADDRESS Southwest City Mo

