

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

Do not use this space.

954



48

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5354
 City Independence (No. 15-15 Home ave) St. _____ Ward _____
 2. FULL NAME Charles Elmer Gard
 (a) Residence, No. 15-15 Home ave 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.

File No. _____
 Registered No. 33

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Margaret E. Gard
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 - 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to Jan 25, 19, I last saw him alive on Jan 22, 19, Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
82A
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co
Illinois
 13. NAME Frank Gard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
unknown
 15. MAIDEN NAME Rebecca Easley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
unknown
 17. INFORMANT (ADDRESS) Margaret E. Gard
15-15 Home ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Jan 25 - 1932
 19. UNDERTAKER (ADDRESS) Carson Funeral Home
Independence, Mo.
 20. FILED Jan 26 1932 J. H. Cook
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Heart Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place? _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) Independence

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

U. S. - Every year of information amount of uncertainty depends on the accuracy of the information.

