

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

Do not use this space.

8322  
892

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Waver Primary Registration District No. \_\_\_\_\_  
City Waco (No. 3424) (Date 6/6/32)

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

**2. FULL NAME**

John Kenneth Kenneth Gardner Jr

(a) Residence No. 3424 66 St., 2 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>2</u>	<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Los Angeles Calif

13. NAME John Kenneth Gardner Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

15. MAIDEN NAME Marie No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 31

17. INFORMANT (ADDRESS) Virginia J Gardner 3424 66

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Nash DATE 3/14/32

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave

20. FILED 3/3 1932 M. M. Grove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 32, to Mar 3, 1932

I last saw him alive on Mar 2, 1932 Death is said

to have occurred on the date stated above, at Waco, Mo.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever Date of onset 2/26/32

8

Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

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) Arno J. Pruing, M. D.

(Address) 602 ARGYLE BLDG

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.

Rebinty

1934

1934-8-33  
2-12-30  
29-2-3