

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

Do not use this space.

18502

1. PLACE OF DEATH

109 County Warren Registration District No. 851
Township Albion Primary Registration District No. 6171
City (No.) St. Ward)

File No.
Registered No. 20

2. FULL NAME George Washington 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 Blk
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 — —

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

9. BIRTHPLACE (CITY OR TOWN) Warren Co
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Frank Gardner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warren Co
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Julius F. Jostling
(Address) R.F.D. Wright City, Mo.

15. FILED May 5, 1932 G.W. Gardner
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/4th 1932
17. I HEREBY CERTIFY, That I attended deceased from 27 April, 1932 to May 4, 1932
that I last saw h. alive on May 3, 1932 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobular Pneumonia
①
family of Hemiplegia
CONTRIBUTORY (SECONDARY) (duration) 7 yrs. ds.
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) John H. Dyer M. D.
May 5, 1932 (Address) Warrenton 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 County Farm Cemetery DATE OF BURIAL 5/5th 1932

20. UNDERTAKER F.W. Haling ADDRESS Warrenton Mo

