

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

Do not use this space.

12700

1. PLACE OF DEATH

4 County Clay Registration District No. 198
 9 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Missouri Veterans Hospital

File No. _____
 Registered No. 5858
 St. 3rd Ward)

2. FULL NAME

GARD, Guy

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. Clearfield, Iowa
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME Dewitt Gard,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Mary Magill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Veterans Hospital Records
Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearfield, Iowa DATE 4-4-33 19

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Mo.

20. FILED Apr 4 1933 J. D. Craven Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1933, 19, to April 4, 1933, 19.

I last saw him alive on April 4 1933, 19. Death is said to have occurred on the date stated above, at 7:55 a.m.

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

Chr. pulmonary tuberculosis Date of onset
active advanced

Other contributory causes of importance:
enterocolitis tuberculosis

Name of operation none obs & exam Date of _____ no

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 _____, 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? _____
 If so, specify unknown

(Signed) Garrett V. Johnson, M. D.

(Address) Excelsior Springs, Mo.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OFF 24 1933

SEP 10 1952

SEP 10 1952

SEP 10 1952

SEP 10 1952