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.

SEP 26 1933

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

Do not use this space.

26740

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township — Primary Registration District No. 3020 — Registered No.

City Carthage (No. , St. Ward)

2. FULL NAME Bert Gardner

(a) Residence, No. St., Ward. Golden City, Mo.
(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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1915

7. AGE: YEARS 18 — MONTHS 2 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City MO.

FATHER
13. NAME Bert Gardener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Claflin, Kansas.

MOTHER
15. MAIDEN NAME Mildred Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City, Mo.

17. INFORMANT (ADDRESS) Bert Walker Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pippenger, Dade Co. DATE Aug. 18, 1933

19. UNDERTAKER (ADDRESS) E.A. Phillips Golden City MO.

20. FILED Aug 18, 1933 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Accidental automobile wreck.	
Right limb cut off and death resulted from shock.	8-15-33
	201

Other contributory causes of importance:

210

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/17, 1933
Where did injury occur? 6 mi east Lamar, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway #160
Manner of injury Car collided with truck
Nature of injury Rt. limb cut off above ankle

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carl F. Konantz, Coroner, Barton County.
(Address) Lamar, Mo.