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

Do not use this space.

11738

MAY 25 1934

File No.

Registered No. 77

1. PLACE OF DEATH

County Adair — Registration District No. 4

Township ~~Benton~~ — Primary Registration District No. 3001

City Kirksville No. St. Ward)

2. FULL NAME Charles C. Gardner

(a) Residence, No. 301 S Florence 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Wh	M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
68 ~~1x2~~	1	24	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) August 1930

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hill N. H.

FATHER

13. NAME Christopher C. Gardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. H.

MOTHER

15. MAIDEN NAME Susan Bartlett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. H.

17. INFORMANT (ADDRESS) Chas. Gardner, Jr. Kirksville, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill DATE 4/24/34 19

19. UNDERTAKER Davis & Wilson Davis Funeral
(ADDRESS) Kirksville

20. FILED April 25, 1934 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22 Apr, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6 April, 1934, to 22 April, 1934

I last saw him alive on 22 Apr, 1934 Death is said to have occurred on the date stated above, at 11:10 a m.

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

Cerebral Hemorrhage — Date of onset 4/6/34

Other contributory causes of importance: Arterio Sclerosis

Name of operation None 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, 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) C. E. Smith, M. D.

(Address) Kirksville

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.