

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

Do not use this space.

APR 9 1935

9754

**1. PLACE OF DEATH**

County Franklin  
Township Bucklin  
City (No. ....) (No. ....) St. .... Ward .....

Registration District No. 499  
Primary Registration District No. 5663

File No. ....  
Registered No. ....

**2. FULL NAME**

Charles Garland 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 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Kate Austin Gardner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3 1850</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	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)  
Va.

FATHER 13. NAME Garland Gardner

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Don't know

MOTHER 15. MAIDEN NAME  
" "

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

17. INFORMANT (ADDRESS)  
John J. Jirumars

18. BURIAL, CREMATION, OR REMOVAL PLACE AND DATE  
Switzer Chapel May 31 1935

19. UNDERTAKER (ADDRESS)  
J. M. Laughlin

20. FILED 8-31, 1935 Registrar J. Cantwell

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-28 - 1935

22. I HEREBY CERTIFY that I attended deceased from Mar 3, 1935, to Mar 28, 1935

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 10:30 P.M.

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

Chronic Jubahtal Nephritis  
Date of onset 1932  
Other contributory causes of importance:  
Arteriosclerosis & gangrene of toes of right foot

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 ..... 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 .....

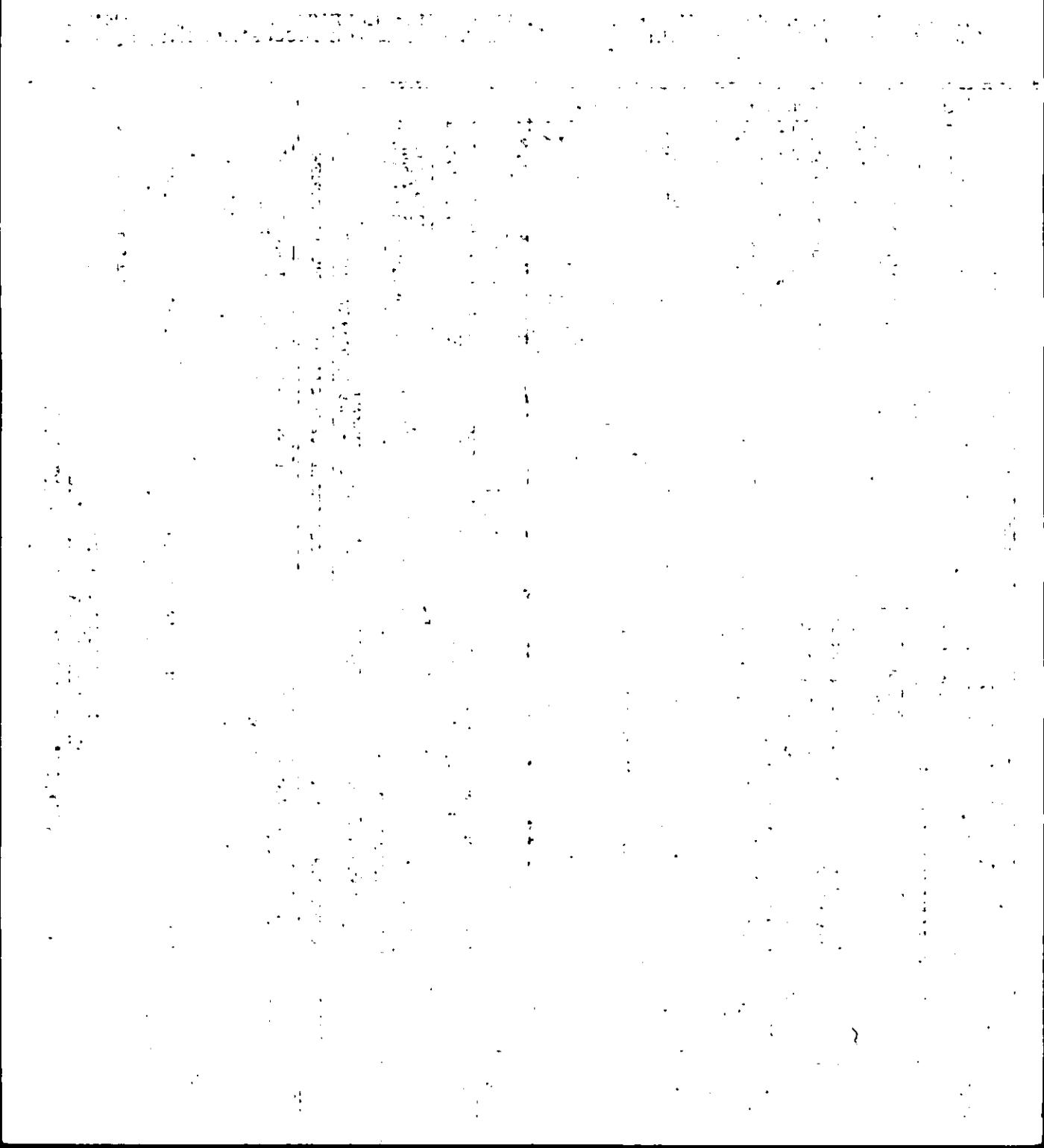
24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify ..... (Signed) J. L. Cantwell, M. D.

(Address) Bucklin, 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.

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**1. PLACE OF DEATH**

County Linn  
Township.....  
City.....

Registration District No. 498  
Primary Registration District No. 5663

File No.....  
Registered No. 8 St. .... Ward)

**2. FULL NAME**

Charles Garland 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 7 25

Date of onset

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

Arteriosclerosis & Gangrene  
Injury to leg from falling out of bed

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

Name of operation Date of... What test confirmed diagnosis? Was there an autopsy?

13. NAME

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

15. MAIDEN NAME

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19... 37

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS)

(Signed) Registrar, M. D. (Address)

20. FILED 4-31 1935 J. L. Cantwell Registrar

SUPPLEMENTAL

CAUSE-OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 23 1935

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