

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.

Broad

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

Do not use this space.

SEP 21 1937

295867

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Rear Primary Registration District No. 1002
City Kansas City (No. 620 Troost (rear)) St. _____ Ward _____

2. FULL NAME Cass Gardner
(a) Residence, No. 620 Troost(rear) 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Gardner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 57 11 16
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Laborer
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) Tenn.

MOTHER FATHER 13. NAME William Gardner

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

15. MAIDEN NAME Amanda Stafford

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

17. INFORMANT Pearl Gardner
(ADDRESS) 620 Troost(rear)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Westlawn Cem. DATE Aug. 2 19 37

19. UNDERTAKER Nathan W. Thatcher
(ADDRESS) 1520 N. 5th Street

20. FILED Aug 2 1937 M. M. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937 to July 30, 1937
I last saw him alive on July 30, 1937. Death is said to have occurred on the date stated above, at 4:00a m.

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

Mitral Regurgitation with Deamputation Date of onset _____
92a
Other contributory causes of importance: Focal Infection

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 Chas B. Bivical M. D.
(Signed) 719 1/2 Independence Ave. Kansas City Mo.
(Address)

