

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.

MAY 23 1935

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

Do not use this space.

15906

1. PLACE OF DEATH

County Platte
Township Liberty
City Liberty

Registration District No. 201
Primary Registration District No. 5280
(No. 553 East Richfield)

File No. 39
Registered No. 39
St. Liberty Ward 1

2. FULL NAME

Alexander Gardner
(a) Residence, No. 553 East Richfield St., Liberty Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Narcissis Gardner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3 - 1850
7. AGE YEARS 85 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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) Feb. 1935 11. Total time (years) spent in this occupation 15 yrs.

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

13. NAME Isam Gardner

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

15. MAIDEN NAME Arrie Coram

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

17. INFORMANT Anna Hammond (ADDRESS) 2220 Hullis Ave. Chicago

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 5-4 1935

19. UNDERTAKER K. O. Embalming & Casket Co. (ADDRESS) 440 State Ave. Kansas

20. FILED 5/4 19 5 E T Brant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 1935

22. I HEREBY CERTIFY, That I attended deceased from Met. 1 - May 3 1935

I last saw him alive on May 3 1935 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Chronic Bright Disease Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none 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

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) W. H. Cuthbertson M. D.

(Address) Liberty, Mo.

