MAY 25 1927

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

~~85~~ 81

Do not use this space.

~~10959~~ ~~11979~~

1. PLACE OF DEATH

County Buchanan — Registration District No. ~~8~~

Township — Primary Registration District No. 4049

City ~~St. Joseph~~ DeKalb Mo. (No. DeKalb, Missouri. St. Ward)

File No.

Registered No. 1

2. FULL NAME Lawrence Walter Gartnon

(a) Residence. No. DeKalb, Missouri St., Ward. DeKalb, Missouri.
(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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	9	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DeKalb, M
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Stephen Gartnon,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Sarah Piercey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Florence Hill,
(Address) DeKalb, Missouri.

15. FILED 4/15, 1927 J. H. McAdow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926, to Apr 14, 1927 that I last saw him alive on Apr 13, 1927, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? usual test

(Signed) E. B. McAdow, M. D

Apr 15, 1927 (Address) DeKalb Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: DeKalb Cemetery, DeKalb Mo.

DATE OF BURIAL: April 16 1927

20. UNDERTAKER: Fleeman-Faris

ADDRESS: 1208 Francis

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.