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

24513

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson Registration District No. 399 File No.
Township Raw Primary Registration District No. 1002 Registered No. 24513
City Kansas City, Mo. (No. U.S. Veterans Hosp. St. Ward)

2. FULL NAME Bardin, Gordon A C-1 229 400
(a) Residence. No. 251½ N. Broadway St., Ward. Sgt. Motor Transport.
(Usual place of abode) Excelsior Springs, Mo. (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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 1892

7. AGE: Years ~~34~~ 35; Months 1; Days 26; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER William D Rardin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Bell Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. C.E.Bardin (Sister-in-law)
(Address) Excelsior Springs, Missouri

15. FILED 8/26, 19 27 M. M. Crowe
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 25 1927

17. I HEREBY CERTIFY, That I attended deceased from July 26, 19 27, to August 25, 19 27, that I last saw him alive on August 25, 19 27 and that death occurred, on the date stated above, at 3:40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pul. chr. adv. bilateral
23A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Laboratory
(Signed) E. J. ROSE, M. D. Medical Officer in Charge.
(Address) U.S.V.Hospital #67 Kansas City, 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: King City Mo — DATE OF BURIAL: Aug 19 27
20. UNDERTAKER: Westport Undertakers — ADDRESS: City