

Y 29 1928

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

Do not use this space.

12576

1. PLACE OF DEATH

County Cass Registration District No. 150
Township Sturgeon Primary Registration District No. 5244
City Creston (No. 4054)

File No.
Registered No.
St. Ward

2. FULL NAME James 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. da. How long in U.S., if of foreign birth? 57 yrs. 2 mos. 16 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 2 16 — — —

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

9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY) England

10. NAME OF FATHER Robert Gardner

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

12. MAIDEN NAME OF MOTHER Martha Gardner
(STATE OR COUNTRY) England

14. INFORMANT Mrs. J. Gardner
(Address) Creston Mo

15. FILED Apr 25 1928 Mrs. J. P. Pyles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 8th 1928, to Apr 6 1928 that I last saw him alive on Apr 6 1928 and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza & Relapsing Pneumonia: 118
108

CONTRIBUTORY (SECONDARY) 110
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. M. Guffey, M. D.
, 19 (Address) Creston 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 Gardner City, Mo DATE OF BURIAL Apr 8 1928

20. UNDERTAKER R. B. Arnold ADDRESS Creston

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.

