

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

Do not use this space.

**1. PLACE OF DEATH**

County... Jackson ..... Registration District No. 300  
 Township... Kaw ..... Primary Registration District No. 1102  
 City... Kansas City (No. St. Luke's Hospital) ..... St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 31436  
 Registered No. 3934

**2. FULL NAME** John Gardiner  
 (a) Residence. No. 221 East 33rd Street ..... Ward 5  
 (Usual place of abode) ..... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 8 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** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
 (write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Margaret Gardiner (Deceased)

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov. 12, 1847

**7. AGE** YEARS 83 MONTHS 10 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

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

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ireland

**PARENTS**  
**10. NAME OF FATHER** John Wm Gardiner  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Ireland  
**12. MAIDEN NAME OF MOTHER** Margaret Chambers  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Ireland

**14. INFORMANT** H.G. Trimble 221 East 33rd  
 (Address) Kansas City Mo.

**15. FILED** 9/24/31 M.M. Crowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 9-21 1931

**17. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental Automobile  
Fatality K.C. Mo.  
210 M (duration) ..... yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Pedestrian (duration) ..... yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF.....

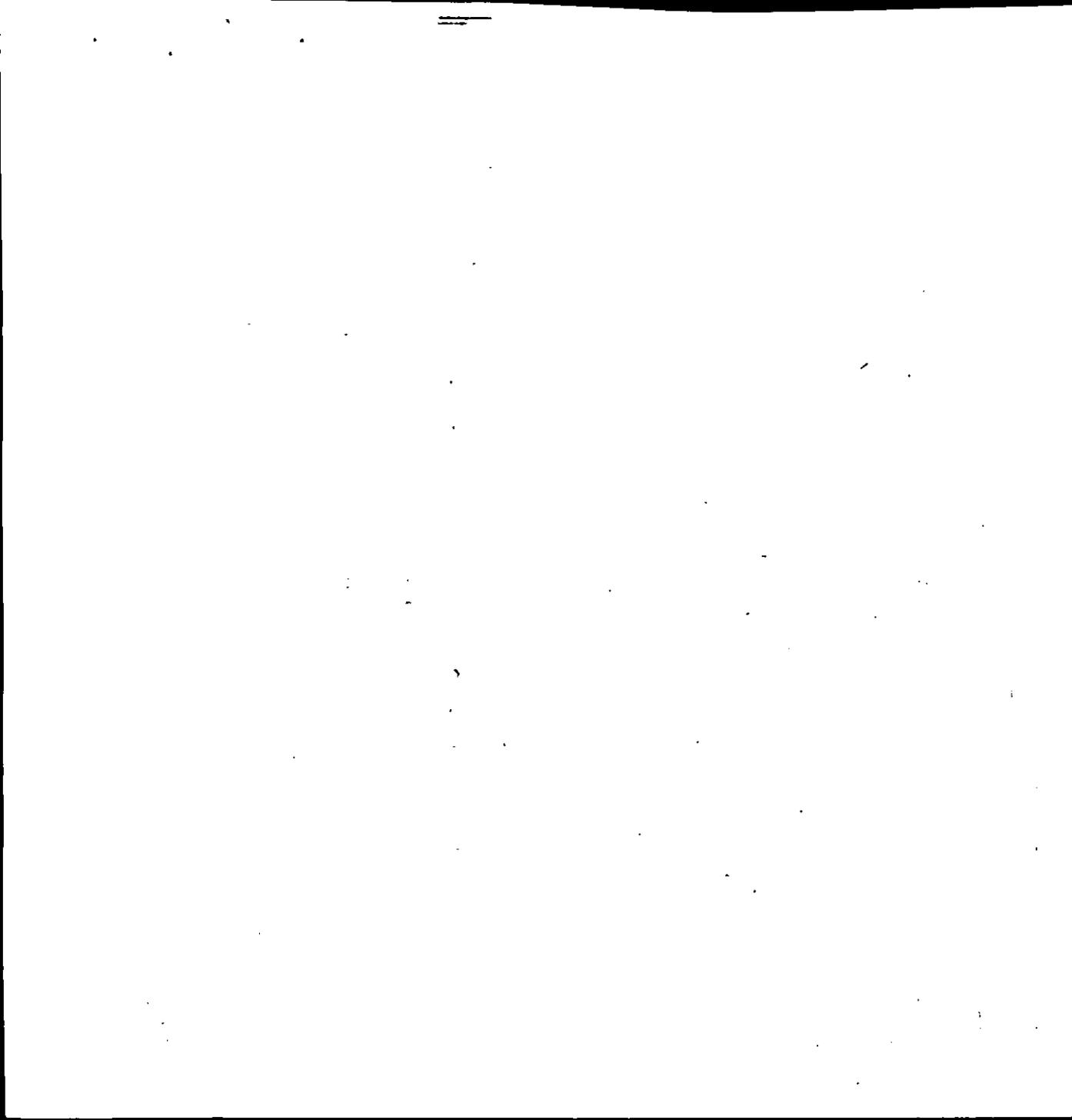
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Shirley M. Hall M. D.  
9/21, 1931 (Address) Deputy Coroner

\*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** Forest Hill Cemetery **DATE OF BURIAL** 9/24/31

**20. UNDERTAKER** Melody-McGilley **ADDRESS** K. C. Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 399  
 Township..... Primary Registration District No. 1002  
 City N. City (No. ....) St. .... Ward)

**2. FULL NAME**

John Gardiner

(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. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

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

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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)

MOTHER FATHER  
 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 9/24 1931 M. M. Grouse Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Accidental Auto Date of onset  
Traumatism 15.0 mo.  
hit while crossing street

Other contributory causes of importance:

Pedestrian

Name of operation 210 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.....  
 (Signed)....., M. D.  
 (Address).....

SUPPLEMENTARY

S-31436