

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

Do not use this space.

JAN 29 1937

44211

**1. PLACE OF DEATH**

County Cooper District No. 221  
 Township Ottumville Primary Registration District No. 53023  
 City Ottumville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Willie Edward Gardwell

(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 1 1/2 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 Married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
41 0 20

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) (STATE OR COUNTRY) Cooper County, Mo.

10. NAME OF FATHER James Edward Gardwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

12. MAIDEN NAME OF MOTHER Elija Steele

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

14. INFORMANT Mrs. W. B. Faulkner  
 (Address) \_\_\_\_\_

15. FILED 1/16 19 36 Public Log Co REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1936

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936, to Dec 28, 1936, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at Dec 28 \_\_\_\_\_ m. 36

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broken neck  
By being struck by  
Mo. Pacific freight train  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (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? examination  
 (Signed) Dr. R. P. Anderson DO.  
 \_\_\_\_\_, 19 \_\_\_\_\_ (Address) Boonville, 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 Mt. Olive Cemetery - Co. Mo. DATE OF BURIAL Dec 30 1936

20. UNDERTAKER Walker Funeral Service ADDRESS Ottumville, Mo.

700

