

0542

MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

State File No. 236  
Registered No. 26

1. PLACE OF DEATH  
County Mohave State ARIZONA  
Township Signal or Village \_\_\_\_\_ or \_\_\_\_\_  
City On Open range No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Charles Gardner How long in State when death occurred? 29 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: No. Yucca Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Cauc.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>April 21 1940</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Pandora L. Gardner</u>					I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>July 16, 1896</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>43</u>	Months <u>9</u>	Days <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ranchman</u>				Coroner's Jury Verdict: <u>That he came to his death by gun shot wound in the head.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cattleman</u>					
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Henders Valley</u> (State or Country) <u>New Mexico</u>						
FATHER	13. NAME <u>Charles A. Gardner</u>					
	14. BIRTHPLACE (city or town) <u>San Angelo</u> (State or Country) <u>Texas</u>					
	15. MAIDEN NAME <u>Jane L. Barfoot</u>					
MOTHER	16. BIRTHPLACE (city or town) _____ (State or Country) <u>Texas</u>					
	17. INFORMANT <u>Pandora L. Gardner</u> (Address) <u>Yucca, Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas, Ariz.</u> Date <u>4/24/1940</u>						
19. EMBALMER License No. <u>139</u> Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>Van Meter Mortuary 644</u> Address <u>Kingman Ariz.</u>						
20. Filed <u>4-23</u> , 19 <u>40</u> . <u>William M. Battello</u> Registrar. (Address) <u>Kingman Arizona</u>						
					Name of operation <u>none</u> Date of _____	
					What test confirmed diagnosis? <u>X</u> Was there an autopsy? <u>X</u>	
23. If death was due to external causes (violen) fill in also the following: Accident, suicide, or homicide? <u>homicide</u> Date of injury <u>4/21/1940</u> Where did injury occur? <u>Mohave County</u> (Specify city or town, county and State)						
Specify whether injury occurred in industry, in home, or in public place. <u>On the open range, near Signal, Ar.</u>						
Manner of injury _____ Nature of injury _____						
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>						
If so, specify _____ (Signed) <u>[Signature]</u> Coroner, M. D. (Address) _____						

Back of Certificate to be used for any Additional Information