

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Brom State So. Dak. Registered No. B-1310
 Township _____ or Village 100122 or _____
 City Aberdeen, No. St. Luke Hospital 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Robert D. Gardner

(a) Residence: No. 301-3th Ave. S.E. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

46 DELAYED

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May, 19, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>7</u>	<u>30</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Attorney</u>
	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) Allegan
(State or country) Mich.

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (city or town) _____
(State or country) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT Mrs. Anderson
(Address) Aberdeen, S.D.

18. BURIAL, CREMATION, OR REMOVAL Place Aberdeen, S.D. Date 1935

19. UNDERTAKER W. H. Wilson
(Address) Aberdeen, S.D.

20. FILED _____, 19____
Registrar. W. E. Young
DELAYED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30th, 1934 to Jan. 9th, 1935
 I last saw him alive on Jan. 9th, 1935 death is said to have occurred on the date stated above, at 12:15 A. M.

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

Date of onset _____

*Coronerable
Cause of
Death*

Other contributory causes of importance:

General Metastasis

Name of operation Explosion Date of 12-20-34

What test confirmed diagnosis? apx. Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury _____, 19____

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Asphyxiation

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. T. King, M. D.

(Address) Aberdeen - South Dakota