

1410 PLACE OF DEATH
County of *Leont*

Township of

or

Village of

City of *Grand Rapids* (No. *156* *Sixth Ave* SE, *11* Ward)

FULL NAME

James A. Gardner

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. *1406*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*

DATE OF BIRTH (Month) (Day) (Year)
Feb 28 1885

AGE *20* years, *9* months, *27* days

SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

AGE AT MARRIAGE, NUMBER OF CHILDREN
(If married, age at first marriage years
Parent of children, of whom are living)

BIRTHPLACE (State or country)
Michigan

NAME OF FATHER
William C. Gardner

BIRTHPLACE OF FATHER (State or country)
Ontario

MAIDEN NAME OF MOTHER
Angie Longkey

BIRTHPLACE OF MOTHER (State or country)
Michigan

OCCUPATION
Freeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Mrs Angie Gardner*

(Address) *156 Sixth Ave*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Nov 24 1905

I HEREBY CERTIFY, That I attended deceased from *Nov 12*, 1905, to *Nov 24*, 1905, that I last saw him alive on *Nov 24*, 1905, and that death occurred, on the date stated above, at *12 P.M.*
The CAUSE OF DEATH was as follows:

Pneumonia

Contributory (DURATION) DAYS

(Signed) *Charles W. Weaver* M.D.

Nov 28 1905 (Address) *1168 D. Division St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL *Fennville Mich* DATE OF BURIAL *Nov 27 1905*

UNDERTAKER *Wheat & Gibson* ADDRESS *33 Park St*

Filed *Nov 27 1905* A TRUE COPY *Mrs O. Brown*

Registrar