

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of death, file birth Certificate. 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.

1 PLACE OF DEATH TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
County El Paso Reg. Dis. No. 182
City El Paso (No. Masonic Hos) St.; _____ Ward _____
2 FULL NAME Chas Gardiner (a) RESIDENCE No. 703 St. E. Rio Grande
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da. 28474

B. O. V. S.
FORM **D**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6 DATE OF BIRTH February 5, 1912
(Month) (Day) (Year)

7 AGE 40 yrs. 8 mos. 16 da.
If less than 2 years state if breast fed _____ If less than 1 day _____
Yes _____ No _____ hrs. _____ mins.

8 OCCUPATION
(a) Trade, profession or particular kind of work Immigration
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Wrights, Ill.

10 NAME OF FATHER Wm. Gardiner

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Susana Pritchard

13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE
(Informant) Chas. Gardiner, Jr.
(Address) 703 E. Rio Grande St. El Paso, Texas

15 Filed Oct 24 1922 Registrar _____

MEDICAL PARTICULARS

16 DATE OF DEATH October 21, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20^a, 1922, to Oct 22, 1922 that I last saw him alive on Oct 21, 1922 and that death occurred, on the date stated above, at 5^a m.

The CAUSE OF DEATH* was as follows:
Gun shot wound of Chest x (Homicide)
(duration) _____ yrs. _____ mos. _____ da.

Contributory _____
(Secondary) _____
(duration) _____ yrs. _____ mos. _____ da.

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? _____
(Signed) James Tause, M. D.
Oct 23, 1922 (Address) El Paso Texas

*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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL Concordia Cemetery DATE OF BURIAL Oct 24 1922

20 UNDERTAKER _____ ADDRESS El Paso Texas