

REV. APR. 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Central

Registration District No. 779
Primary Registration District No. 66340

File No. 11952
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas Hardy 630

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Hardy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31st 1868</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Labourer</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) (STATE OR COUNTRY)
Hart Co Ky

13. NAME
Collin Hardy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ky

15. MAIDEN NAME
Betty Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ky

17. INFORMANT
Fannie Hardy
(ADDRESS) Central

BURIAL, CREMATION, OR REMOVAL
PLACE 902 Bur DATE 3-4 1938

19. UNDERTAKER
Edwell Bros
(ADDRESS) 1st Super

20. FILED 4-9 1938 W. W. Huckworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to 2-2, 1938
I last saw him alive on 2-28, 1938 Death is said

to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

ventricular fibrillation
mitral regurgitation
131

Date of onset
unknown

Other contributory causes of importance:

myocarditis
arteriosclerosis (general)
ascites - chr with thal nephros

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Neville O. Beebe, M. D.
(Address) Desloge Mo

700

B-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.

