

JUN 7 1927

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

Do not use this space.

Dr. Patterson
15558

1. PLACE OF DEATH

County *Johnson*
Township *First - North*
City *St. Louis* (No.) St. Ward

Registration District No. *431*
Primary Registration District No. *5593*

File No.
Registered No.

2. FULL NAME

Wesley Harding

(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 *1* yrs. *1* mos. *1* da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

S

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF

widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 29 - 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

10

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Johnson Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Elmer Harding

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Johnson Co. Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Bernice Clifford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Wisconsin

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Elmer Harding
Monticott, Ind.

15.

FILED

5-17-27

Dr. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May - 17 - 1927

17.

I HEREBY CERTIFY, That I attended deceased from

May 16, 1927, to May 17, 1927

that I last saw him alive on *May 16, 1927*, and that death occurred, on the date stated above, at *5:15 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tracheobronchitis

CONTRIBUTORY (SECONDARY)

Do not know

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at home

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. Patterson, M.D.

(Address)

Warrensburg, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CHANCES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Harvey Adams Cemetery

5-17 1927

20. UNDERTAKER

Wesley Egan - Phillips

ADDRESS

Warrensburg

N. B.—Every item of information should be carefully supplied. AGE should be carefully supplied. AGE should be carefully supplied. EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Handwritten notes and scribbles in the middle and bottom of the page, including a large 'B' and various illegible marks.