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

Do not use this space.

37366

1. PLACE OF DEATH

County: Knox
Township: Salt River
City: Novelty
Registration District No.: 446
Primary Registration District No.: 5606
File No.:
Registered No.:
(No. ..... St. ..... Ward)

2. FULL NAME Anna M. Hardy

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married.

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: ~~John~~ W. F. Hardy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 21 1855

7. AGE: Years 72 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Greensburg.
(STATE OR COUNTRY): Pennsylvania

PARENTS

10. NAME OF FATHER: William H. Rumbaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unk
(STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Hanna Weaver.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Greensburg.
(STATE OR COUNTRY): Pennsylvania

14. INFORMANT: W. F. Hardy
(Address): Novelty, Missouri.

15. FILED Dec 8th, 1927 L F Bryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 4th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Dec 4, 1927, that I last saw her alive on Dec 4, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
74A1
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) 10 yrs. ..... mos. ..... ds.

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) C C Gibson, M. D
, 19 (Address) Novelty Mo.

*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.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Novelty Cemetery
DATE OF BURIAL: Dec 6 1927

20. UNDERTAKER: Brothers & Immiger
ADDRESS: Novelty Mo.

N. 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.

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1854 2