WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2509

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. Mo. Pacific Hospital St. ..... Ward)

File No. 7 23

Registered No. 23

2. FULL NAME Herbert Hardy

(a) Residence. No. Memphis, 361 Furley St., 17 Ward. Memphis Tenn
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Married

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

6. DATE OF DATH (MONTH, DAY AND YEAR) Nov 7 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	1	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Train Porter 92A 72

(b) General nature of industry, business, or establishment in which employed (or employer) 108

(c) Name of employer Mo Pac. Railroad

9. BIRTHPLACE (CITY OR TOWN) West Point
(STATE OR COUNTRY) Ark.

PARENTS

10. NAME OF FATHER Green Hardy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Oma Hardy
(Address) Memphis Tenn.

15. FILED JAN -2 1928 Max B. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1927, to Jan 1, 1928, that I last saw h... alive on Jan 1, 1928, and that death occurred, on the date stated above, at 1:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic

Primary Cause (1) Endocarditis

(2) Nephritis, type undetermined

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) H. E. O'Neal, M. D.

, 19 (Address) Mo Pac. Hospital

*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 Judsonia Ark. DATE OF BURIAL Jan 2 1928

20. UNDERTAKER W. C. Gordon Und. Co. ADDRESS 2649 Morgan