MAR 16 1928

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

Do not use this space.

4156

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 155

City St. Joseph, (No. 113 East Isabelle St. Ward)

2. FULL NAME Emily Elizabeth Harding,

(a) Residence. No. 113 East Isabelle St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1851

7. AGE — Years: 76 — Months: 11 — Days: 9 — 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) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Jerry McKown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henderson,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Lucinda Roberts,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. C. W. Thomsen
(Address) 113 East Isabelle Street.

15. FILED FEB 28 1928 — John G. Wh[illegible] S.S. REGISTRAR

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## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 1928, 1928, to Feb 28, 1928 that I last saw her alive on Feb 24, 1928, and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
with left side paralyzed
82A
82V 74 N1
162 (duration) yrs. mos. 23 ds.

CONTRIBUTORY (SECONDARY) Age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Paralysis & Clinical Symptoms
(Signed) S. D. Senior, M.D.
Feb 28, 1928 (Address) Rock Island Bldg St Joseph 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: Ashland Cemetery — DATE OF BURIAL: March 1 1928

20. UNDERTAKER: Heaton-BeGole & Bowman by J. W. Kirk — ADDRESS: 319 S. 10 St. Funeral Home