

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

Do not use this space.

9021

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Kanawha Primary Registration District No. _____

City Kansasville (No. Research Was) St. _____ Ward _____

File No. _____

Registered No. 8 5304

St. _____ Ward _____

2. FULL NAME

(a) Residence No. Hartington 106 Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. _____ da. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>66</u>	<u>10</u>	<u>6</u>		

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky

10. NAME OF FATHER James Hardy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kenn

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not known

14. INFORMANT Gen Hardy
(Address) 3416 Leabert Ave

15. FILED 3-17-28 M W Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1928

17. I HEREBY CERTIFY That I attended deceased from 2pm 1928, to 10:30 1928
that I last saw h. alive on March 16 1928, and that death occurred, on the date stated above, at 10:30 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parasitic disease.
137/25
122R
CONTRIBUTORY Hypertrophied Pros.
(SECONDARY) Rats
(duration) 3 yrs. _____ mos. _____ da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Phys exam & no

(Signed) Caesar E. Mace, M. D.
2/17, 1928 (Address) 1020 Rats Alley

*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, DATE OF BURIAL
Hartington Ark Mar 18 1928

20. UNDERTAKER
John W Wagner 1409 Grand Ave

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.

Dr Bank

1010 Pinalto bldg