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

Do not use this space.

File No. 17843

Registered No. 29

1. PLACE OF DEATH

County: Miss

Township: Appleby

City: (No. ..., ..., St. ..., Ward)

Registration District No. 566

Primary Registration District No. 5762

2. FULL NAME: Cressie 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: Bl

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

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

7. AGE: about 51. Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Jim White
(Address) Charleston Mo R F D No 1

15. Filed May 8th, 1928 F S Downs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to May 7, 1928, that I last saw h. alive on May 4, 1928, and that death occurred, on the date stated above, at ... a. m. ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo-carditis 93D

90B 93D Heart Failure (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) None Known

(duration) ... 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? Physical Symptoms

(Signed) C. W. Chapman M. D

, 19 (Address) Charleston 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: Oak Grove Cemetery

DATE OF BURIAL: May 8th 1928

20. UNDERTAKER: Private

ADDRESS: —

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.