UL 24

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

Do not use this space.

19823

1. PLACE OF DEATH
County Audrain — Registration District No. 931
Township Cuivre — Primary Registration District No. 6[illegible]
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME John Christopher Hardwick
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	0	5	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo.

PARENTS
10. NAME OF FATHER Frank Hardwick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg, Mo.
12. MAIDEN NAME OF MOTHER Mary Ellen Nodler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Frank Hardwick
(Address) Laddonia Mo

15. FILED July 7, 1928. W. May Registrar
Farber Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to June 4, 1928 that I last saw him alive on June 4, 1928, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Icterus Neonatorum
161B
160
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....
(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? General symptoms
(Signed) R. B. Baize D.O., D.O.
, 19 (Address) Laddonia, 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 Laddonia Mo. — DATE OF BURIAL 6/5 1928

20. UNDERTAKER H. G. Grainger — ADDRESS Laddonia, 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.