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.

27462

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3538
Township Blue — Primary Registration District No. 1007 — Registered No. 3538
City Leeds (No. Leeds T B Hosp St. Ward)

2. FULL NAME Hardy James F.
(a) Residence. No. 4407 Wayne Ave. St. 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 12 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-18-1908

7. AGE: Years 20 — Months 4 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bank Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: First Nat'l Bank

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City, N.Y.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Foster Mother - Mrs Hardy 5447 Rockhill Road
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: K.C. T.B. Hosp.
(Address) Leeds Hospital

15. FILED 8/24, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-23 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-22, 1928, to 8-23, 1928, that I last saw ~~[illegible]~~ alive on 8-22, 1928, and that death occurred, on the date stated above, at 3 30 a.m. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

2 SH

31

(duration) yrs. mos. 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? Sputum

(Signed) George O. Lee, M.D.
8/24, 1928 (Address) 1005 Argyle Bldg K.C. 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: Calvary Cemetery — DATE OF BURIAL: 8/25/28 19

20. UNDERTAKER: W. F. Mayberry Co — ADDRESS: City