NOV 22 1928

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

Do not use this space.

35720

1. PLACE OF DEATH
County Sabine — Registration District No. 799 — File No.
Township Meadow Ge — Primary Registration District No. 6040 — Registered No. 154
City Slater Mo (No. ..... St. ..... Ward)

2. FULL NAME John Isaac Hardin
(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.

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: Male
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febry 23-1857

7. AGE: Years 71 — Months 7 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

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) London Co
(STATE OR COUNTRY) Virginia

PARENTS
10. NAME OF FATHER John R Hardin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Emmie Workman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Laura Hardin
(Address) Slater Mo #1

15. FILED 10/2, 1928 Frank H Sullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-1-1928

17. I HEREBY CERTIFY, That I attended deceased from 9/28, 1928, to 10-1-, 1928 that I last saw him alive on 10-1, 1928, and that death occurred, on the date stated above, at 3:15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 101 (duration) ..... yrs. ..... mos. 4 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? Physical Signs
(Signed) B H Sullivan, M. D
10-2, 1928 (Address) Miami, 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: Slater City Cemetery — DATE OF BURIAL: Oct-3-1928

20. UNDERTAKER: Jones & Salper — ADDRESS: Slater Mo