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.

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 43165

Township..... Primary Registration District No. 1003 Registered No. 12471

City..... (No. 413 So 23 St St. ..... Ward)

2. FULL NAME Drew Hardin

(a) Residence. No. 413 So 23rd St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: female
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 10 1879

7. AGE: Years 49 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Trenton
(STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN): not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Persila Mays
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY): Tenn

14. INFORMANT: Joe Hardin
(Address): 413 So 23rd St

15. FILED: 21, 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 17, 1928

17. I HEREBY CERTIFY That I attended deceased from June 7, 1925, to Dec 17, 1928 that I last saw her alive on Dec 15, 1928, and that death occurred, on the date stated above, at 6 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

8 2 2

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 7 4 0 1

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) W. H. G. Clark, M. D

12-17, 1928 (Address) 1635 Carr St.

*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: Washington Park
DATE OF BURIAL: 12-23 1928

20. UNDERTAKER: Watson and Son
ADDRESS: 2941 Chouteau