

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

Do not use this space.

3064

Paul Price  
Trust Bldg.

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Rolla  
Township Clay  
City Clakwood

Registration District No. 728  
Primary Registration District No. 5961  
(No. Paris Road Clakwood)

2. FULL NAME

(a) Residence. No. Lizzie Jane Harding  
(Usual place of abode) Paris Road Clakwood St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Mr. M. Harding

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

June 27 - 1853

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>7</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Rolla Co.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Aaron Colborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pa.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Margaret Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

ky

(STATE OR COUNTRY)

14.

INFORMANT

Wm R. Harding

(Address) Hannibal mo.

15.

FILED

Feb 6 29 Morris Shortz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 27 19 29

17.

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Paul Price M. D. U.

, 19 (Address) 270 South 6th St. Hannibal Mo.

\*State the DISEASE CAUSING DEATH, or if this is from Trauma, CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Olivet Cem.

DATE OF BURIAL

Jan. 30 19 29

20. UNDERTAKER

Wm M. Smith

ADDRESS

Hannibal 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.

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