

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

Do not use this space.

13599

1929

1. PLACE OF DEATH

County Vernon
Township Green
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 51
St. Ward

2. FULL NAME

Robert Hayes Harding

(a) Residence. No. 6287 Wherry 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 19 - 1885

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
44 | 1 | 19 | — hrs. — min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Nevada, Mo. (STATE OR COUNTRY) Vernon Co.

PARENTS

10. NAME OF FATHER Joe Harding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baltimore, Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kate McNeil

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baltimore, Mo. (STATE OR COUNTRY)

14. INFORMANT Vesta Harding (Address) Nevada, Mo.

15. FILED 4/9/29 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1929

17. I HEREBY CERTIFY, That I attended deceased from, 19.., to, 19.., (that I last saw h..... alive on, 19.., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mucous Colitis

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Don't know

CONTRIBUTORY (SECONDARY) Migraine & Convulsions
(duration) 3 yrs. 6 mos. — da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Don't know

DID AN OPERATION PRECEDE DEATH? no. DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory & Clinical diagnosis
(Signed) H. E. Neal, M. D.
Mar 11, 1929 (Address) 105 1/2 St. Cherry

*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 Nevada Burial Park DATE OF BURIAL March 12 1929

20. UNDERTAKER Ferry Funeral Home ADDRESS Nevada 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.

MAR 15 1943