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

Do not use this space.

30116

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 1111 South 17th. St. Ward)

File No.

Registered No. 1062

2. FULL NAME James Martin Hardy

(a) Residence. No. 1111 South 17th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	3	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Flagman,

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer C.R.I.& Pac.Ry.Co.

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

PARENTS

10. NAME OF FATHER Unknown,

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

12. MAIDEN NAME OF MOTHER Sarah Glascow,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

14. INFORMANT Mrs. Jas. M. Hardy
(Address) 1111 South 17th. Street.

15. FILED SEP 13 1929 19 John G. Utz L.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1929, to Sept 12, 1929 that I last saw h... alive on Sept 5, 1929 and that death occurred, on the date stated above, at 3:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Ch. Lung.
23 yr.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + X ray

(Signed) Dr Fuson, M. D.

Sept 13, 1929 (Address) Kirk Bldg. St Joseph 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	DATE OF BURIAL
Ashland Cemetery	Sept. 14, 1929
20. UNDERTAKER	**ADDRESS**
Heaton-Br Gale & Bowman	319 S.10-St.

Funeral Home

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible]