

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

Do not use this space.

399

31018

1. PLACE OF DEATH

County Jackson Registration District No. 1007
Township New Primary Registration District No. _____
City Kansas City (No. 1311 Broadway)

File No. _____
Registered No. 4043
St. _____ Ward _____

2. FULL NAME

Mrs. Harriett Jane Hardwick
(a) Residence. No. 1311 Broadway, Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Wm. Hardwick</u> Nov. 11/1907		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 28 - 1848</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>1</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dayton Ohio

PARENTS

10. NAME OF FATHER Brusman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Fannie E. Sandhara
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14.

INFORMANT Mrs Fannie Moore
(Address) 1311 Broadway

15.

FILED 9/27 1929 M. M. Cramer
REGISTRAR
user

MEDICAL CERTIFICATE OF DEATH

2 Wednesday
16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1929, to Sept 25, 1929, that I last saw him alive on Sept 25, 1929 and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95B
163
Debilitation of Heart
(duration) _____ yrs. _____ mos. 1 ds.
CONTRIBUTORY (SECONDARY) Old age
(duration) _____ yrs. _____ mos. _____ ds.

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?

9/28 (Signed) James T. Ferguson, M. D.

1929 (Address) 901 W. Side Bldg

*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

Trenton Sept Mo. 9-29 1929
no. Salt

20. UNDERTAKER

ADDRESS

Eylar Funeral Home 1809 Linwood

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.

MARRIAGE RESERVED FOR BINDING

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29
29

Dr. Ferguson

205 West side Bank

rev. 4021 Benton