

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

Do not use this space.

36917

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 2991 Registered No. 864
 City Springfield (No. 232) S. Dollison St. _____ Ward _____

2. FULL NAME

James S. Hardrick
 (a) Residence No. 232 S. Dollison 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Hardrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1872

| | | | | |
|--------|-------|--------|------|----------------------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | 77 | 6 | 15 | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Grocery 181 A 194 B
 (c) Name of employer 108

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asheville, N.C.

10. NAME OF FATHER Washington Farnsworth

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mamie Hardrick
 (Address) 232 S. Dollison

15. FILED 11.27.19.25 For Sharp REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23rd 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 20th 1929, to Nov. 23rd 1929, that I last saw him alive on Nov. 21st 1929, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy - following Bronchopneumonia & Pleurisy of left lung & pleurisy

CONTRIBUTORY (SECONDARY) Fell from beam log - on Sept 20/29
x ribcage broken & wound fractured ribs about 20

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. J. Evans, M. D.
Nov. 24, 1929 (Address) Springfield, Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hazelwood Cem DATE OF BURIAL Nov. 26 1929

20. UNDERTAKER W. P. Campbell ADDRESS 869 Wash.

1929-10-19

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