

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

Do not use this space.

MAR 28 1930

274
604626
6261

9631
25

1. PLACE OF DEATH

County Madison Registration District No. 604626 File No. 25
Township 1st Primary Registration District No. 6261 Registered No. _____
City Libourne (No. _____) St. _____ Ward _____

2. FULL NAME

Essie Harden
(a) Residence. No. _____ 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 Male 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Harden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-15-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
44 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister Gospel
(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) Missouri

10. NAME OF FATHER

Ed. Harden

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Carolina

12. MAIDEN NAME OF MOTHER

Jatsey Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Carolina

14.

INFORMANT R. H. Hamilton
(Address) Libourne Mo.

15.

FILED 3/15/30 McGannon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15-1930

17. I HEREBY CERTIFY, That I attended deceased from 1-1-1930 to 3-15-1930, and that I last saw him alive on 3-11-1930, and that death occurred, on the date stated above, at 4 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Reg - 9211
122

CONTRIBUTORY (SECONDARY)

Septic

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) McGannon, M. D.

, 19 (Address) to Health Office

*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

Laura Hillier Cem 3-16-1930

20. URBERTAKER

ADDRESS

McHale Libourne

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

