

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.

OCT 31 1930

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

Do not use this space.

30887

File No. 10
Registered No. 987
St. _____ Ward _____

1. PLACE OF DEATH
County Ripley Registration District No. 750
Township Shelby #2 Primary Registration District No. 6746
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Nathan Darius Hardesty

(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 25 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 Caucasian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-16-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 | 1 | 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Illinois

10. NAME OF FATHER B. J. Hardesty

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

12. MAIDEN NAME OF MOTHER Margaret Morrison

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

14. INFORMANT W. M. Hardesty
(Address) Worshipman, Mo., R. 6.

15. FILED 9/12, 30 E. W. Johnston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Sept 10, 1930 that I last saw him alive on Sept 10, 1930 and that death occurred, on the date stated above, at 11:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Debility
152 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 164 (duration) yrs. mos. da.

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

6 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. R. Harner, M. D.
, 18 (Address) Doniphan 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 St. Olive, Cem. DATE OF BURIAL 9-10, 1930

20. UNDERTAKER Family & friends ADDRESS _____

