NOV 22 1930

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

Do not use this space.

32643

File No. .....

Registered No. 791

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township ..... — Primary Registration District No. 2001

City Springfield (No. 961 N Campbell St. ..... Ward)

2. FULL NAME Belle Hardister

(a) Residence. No. 961 N Campbelle St. Ave Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J H Hardister

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	5	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home mother

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Macon City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER J. A. Brown

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

12. MAIDEN NAME OF MOTHER Pisela Hardister

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

14. INFORMANT Josia Knott
(Address) 961 N Campbelle Ave

15. FILED 10-23, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Oct 21, 1930, that I last saw her alive on Oct 21, 1930, and that death occurred, on the date stated above, at 5 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

8 D

162

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Age

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) O. A. Tucker, M. D

10/22, 1930 (Address) 220 W Comd St

*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: Macon Mo.

DATE OF BURIAL: Oct 24 1930

20. UNDERTAKER: F. C. Thieme

ADDRESS: Springfield Mo

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.

...ING INFORMATION IS A PERMANENT RECORD