

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

Do not use this space.

39926

File No. 108
Registered No. _____
St. _____ Ward _____

PLACE OF DEATH Lagayette
County Lagayette Registration District No. 461
Township Lexington Primary Registration District No. 5623
City _____ (No. _____)

2. FULL NAME Alfred Hardin, Jr.
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) Nov. 12, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	1	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lagayette Co Mo
(STATE OR COUNTRY) _____

10. NAME OF FATHER Alfred Hardin, Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lagayette Co Mo
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Norma Hardin

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

14. INFORMANT Lorine Hardin
(Address) Hillbington Mo

15. FILED Dec 27 1930 G. H. Sandall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. 18. DATE OF DEATH (MONTH, DAY AND YEAR) 12/27/30

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Status Lymphaticus
17

CONTRIBUTORY (SECONDARY) Exceedingly enlarged Thyroid
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes (gross) _____

WHAT TEST CONFIRMED DIAGNOSIS? urinal findings

Camden Beach Mo (Signed) _____ M.D.
(Address) Coroner Lagayette Co Mo
*State the Disease CAUSING DEATH, or in deaths from VIOLENCE, CAUSE, MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington Mo DATE OF BURIAL Dec 28 1930

20. UNDERTAKER Ernest Keert ADDRESS Lexington 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.

JAN 20 1931

THIS IS A PERMANENT RECORD

