

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

Do not use this space.

14018 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 299
City Independence (No. Independence Sanitarium)

File No. _____
Registered No. 125
St. _____ Ward _____

2. FULL NAME

Raymond Francis Hard
(a) Residence, No. 1226 West 11th 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Hard

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5-1908

7. AGE YEARS 23 MONTHS 6 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drumman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. his self

10. Date deceased last worked at this occupation (month and year) _____ ii. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Missouri

13. NAME Charles F. Hard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Iowa

15. MAIDEN NAME Nora E. Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

17. INFORMANT Nora E. Lane (ADDRESS) Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence DATE Apr 7 1931

19. UNDERTAKER Garson Undertaking Co. (ADDRESS) Independence

20. FILED 4-6-31 1931 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1931

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Ruptured Spleen
due to
Automobile
Accidents
7

Other contributory causes of importance:

Automobile
Accidents
7

Name of operation _____ Date of _____

What test confirmed diagnosis? Post Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/5/31

Where did injury occur? Washington (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Colliding with the wall

Nature of injury Independence Road

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. L. Cook M. D.

(Address) Independence

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

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.

MAY 23 1931

MATERIAL RESERVED FOR BINDING

