

WHITE 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.

DEC 28 1931

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

Dr. Farrar

Do not use this space.

38068

1. PLACE OF DEATH
 County Jefferson Registration District No. H 20
 Township Rural Primary Registration District No. 5574
 City Rural (No.) St. Ward

2. FULL NAME Marion Charles Hardin
 (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>7</u>	

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

MOTHER FATHER

13. NAME Clyde Hardin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

15. MAIDEN NAME Grace Bremer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT Clyde Hardin (ADDRESS) De Soto Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lucky Cemetery DATE Nov 10 1931

19. UNDERTAKER Richardson - MOHEYSHEAD (ADDRESS) DE SOTO MO.

20. FILED 179 1931 W. H. Purgely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1931

22. I HEREBY CERTIFY That I attended deceased from Oct 31 1931 to Nov 8 1931
 I last saw him alive on Nov 8/31 19... Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute enteric colitis Date of onset 1195 / 119

Other contributory causes of importance:
Partially milk

Name of operation None Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation or hobby? No
 If so, specify

(Signed) A. H. Farrar M. D.
 (Address) De Soto Mo.

52

