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.

JAN 19 1932

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

Do not use this space.
40258
40168

1. PLACE OF DEATH
County: Buchanan — Registration District No.: [illegible]
Township: Clinton — Primary Registration District No.: 2001
City: St. Joseph Mo., (No. Robidoux Hotel St. Ward)

File No.:
Registered No.: 1303

2. FULL NAME: ~~Dani~~ Daniel Alexander Hardy

(a) Residence, No. 1712 Messanie 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Belle Hardy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10, 1886

7. AGE: Years 45 — Months 10 — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Robidoux Hotel
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): Stewartville Mo

FATHER
13. NAME: Henry Hardy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Kizzie Gale~~ Tenn.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stewartville Mo.

17. INFORMANT (ADDRESS): ~~Mrs Belle Hardy (Wife)~~ ~~1712 Messanie St~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stewartville Mo DATE: 1-5-32, 19

19. UNDERTAKER (ADDRESS): B.F.Graves Funeral Home 806 S 17th St

20. FILED: 1-2, 19 32 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31-31, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11m30 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
82A	

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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 ....., 19.....
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 of deceased? No
If so, specify .....
(Signed) B. W. Tadlock Coroner, M. D.
(Address) 821 Bronner