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.

MAR 21 1932

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 3837
Township — Primary Registration District No. 1001 — Registered No. 191
City St. Joseph (No. State Hospt #2 St. Ward)

2. FULL NAME Emma T. Harding
(a) Residence. No. Kansas City Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 15 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): W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Harding ~~Not Known~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1855

7. AGE: 77 YEARS — MONTHS: Unknown — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky 2

PARENTS
10. NAME OF FATHER: Joel Nance
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown 31

14. INFORMANT: Hosp. Records
(Address): State Hosp #2 St Joseph Mo.

15. FILED 2-27, 1932 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 28 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Feb 28, 1932 that I last saw her alive on Feb 27, 1932, and that death occurred, on the date stated above, at 12 25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio Pneumonia
93C
107A
(duration) yrs. mos. 23 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) Several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 93C
IF NOT AT PLACE OF DEATH, at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) George W. Forman, M. D.
Feb 28 1932 (Address) State Hosp. #2 St Joseph Mo

*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: Humansville Mo — DATE OF BURIAL: Feb 28 1932

20. UNDERTAKER: Heaton-Bebole & Bowman — ADDRESS: St Joseph Mo

By [illegible] Bowman.