

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

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

Do not use this space.

6976

1. PLACE OF DEATH

City Shaw's Cove Registration District No. 1701
Township 1504 Primary Registration District No. ISOLATION HOSPITAL
City Shaw's Cove (No. ISOLATION HOSPITAL)

File No. _____
Registered No. 2343
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1504 Dan St. 26 Ward. (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 <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 1913</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	if LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 147</u>	
	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) <u>Ala 25</u>		
MOTHER	13. NAME <u>Rubin Hardin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>	
	15. MAIDEN NAME <u>Deborah Hardin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>	
17. INFORMANT <u>Dr. F. J. Taggart</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>POITERSVILLE</u> DATE <u>3-11-1932</u>		
19. UNDERTAKER (ADDRESS) <u>George Paussch</u>		
20. FILED <u>1932</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1932 to Feb 27 1932
I last saw him alive on Feb 27, 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Menyngococcus meningitis Date of onset 2-20
18
Other contributory causes of importance: 1790

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to natural causes (violence, etc.) also to following: Accident, suicide, or homicide? No 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 (1)
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) John E. ...
ISOLATION HOSPITAL

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.

