

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

Do not use this space.

✓ 18312
File No. _____
Registered No. **5542**
St. _____ Ward _____

1. PLACE OF DEATH *Peoples Hospital*
County _____ Registration District No. *2701*
Township _____ Primary Registration District No. *173*
City *St. Louis, Mo.* (No. *Peoples Hospit*)

2. FULL NAME *Charlie Hardin*
(a) Residence, No. *2611 Sauton, Ave* St. *21* 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 <i>male</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown</i>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.	
<i>ab</i>	<i>43</i>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>37</i>				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.		
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss 21</i>				
	13. NAME <i>Moss Hardin</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>				
	15. MAIDEN NAME <i>unknown</i>				
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>				
	17. INFORMANT <i>Lucy Hardin</i> (ADDRESS) <i>Wenallen, Miss</i>				
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Wenallen, Miss</i> DATE <i>6-11-1932</i>				
19. UNDERTAKER (ADDRESS) <i>Peoples English</i> <i>2701 Sauton Ave</i>					
20. FILED <i>11 1932</i> <i>W. C. McLaughlin</i> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 28 1932*

22. I HEREBY CERTIFY, That I attended deceased from *3-5-32*, 19... to *5-28*, 1932
I last saw him alive on *5-28*, 1932 Death is said to have occurred on the date stated above, at *8:30 p.m.*
The principal cause of death and related causes of importance were as follows:
Lethargic Encephalitis Date of onset *5/10/32*
Jaundice *3/5/32*
Other contributory causes of importance: *1*

Name of operation *none* Date of _____
What test confirmed diagnosis? *Stamato* Were 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) *Walter H. Greenman*, M. D.
(Address) *1506 St. Louis.*

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.

THIS IS A PERMANENT RECORD

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