

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

Do not use this space.

25901

**1. PLACE OF DEATH**

County Gentry  
Township Miller  
City Berlin

Registration District No. 313  
Primary Registration District No. 5422

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Berlin Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred all of life yrs. \_\_\_\_\_ mos. \_\_\_\_\_  
How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carola Hardwick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1 - 1883</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>8</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splener, sawyer, bookkeeper, etc. <u>merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>121</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 13 - 32</u>	
11. Total time (years) spent in this occupation _____		
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gentry Co. Mo</u>	
	13. NAME <u>John R. Hardwick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Emma M. O'Leary</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Carola Hardwick</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berlin</u> DATE <u>Aug 16 1932</u>		
19. UNDERTAKER (ADDRESS) <u>H. G. Yarratt</u>		
20. FILED <u>819</u> 19 <u>32</u> <u>W. A. Curry</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1932

22. I HEREBY CERTIFY, That deceased died from \_\_\_\_\_  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Organic Heart trouble  
(5)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) S. O. Harding (Address) Albany Mo.

Filed 8-19-32

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.

SEP 22 1932

