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 23 1932

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

Do not use this space.

26574

File No.
Registered No.

1. PLACE OF DEATH

51 County Johnson Registration District No. 431
Township Montserat Primary Registration District No. 5593
City (No. , St. Ward)

2. FULL NAME Donald Allen Harding

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 15, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Johnson, Co. Mo. 1

FATHER
13. NAME Elmer C. Harding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson. Co. Mo.

MOTHER
15. MAIDEN NAME Bernice Shepard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconson 2

17. INFORMANT Elmer CHarding
(ADDRESS) Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adams Cem. DATE Aug. 24, 1932

19. UNDERTAKER R. Q. Phillips.
(ADDRESS) Warrensburg, Mo.

20. FILED Aug 24, 1932 Wm O Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Aug 23, 1932
I last saw him alive on Aug 23, 1932, Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Septicemia Acute — Date of onset

Other contributory causes of importance:
Origin Epiphis Nose and throat

Name of operation none 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? No
If so, specify
(Signed) Wm O Patterson, M. D.
(Address) Warrensburg Mo