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.

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

Do not use this space.

40064

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 5072
City Kansas City (No. In street in front 1910 E 12 St. Ward)

2. FULL NAME Alonzo Hardin
(a) Residence, No. Warrensburg, Mo 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 M
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1902
7. AGE YEARS 30 MONTHS 10 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Shoe Shop
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 156
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) Mo.

FATHER
13. NAME Eugene Hardin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Lizzie Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Lizzie Morrow Warrensburg Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg Mo. DATE 12/ 1932
19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia
20. FILED 12/30 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/32 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19....
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 7:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism by street	
Car accident	
Fracture of skull	

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/28 1932
Where did injury occur? 1910 E 12th St Kans (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by street car
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Heath, M. D.
(Address) Deputy Coroner