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.

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

Do not use this space.

41267

1. PLACE OF DEATH

91

County Ripley — Registration District No. 751 — File No. 439

Township Thomas — Primary Registration District No. 5990 — Registered No. 32

City — (No. ..., ... St. ..... Ward)

2. FULL NAME Chas. Hardie

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 - 1875

7. AGE: YEARS 57 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer - 1
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) Ottawa Franklin Co. Kan. 2

FATHER

13. NAME Thomas Hardie.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER

15. MAIDEN NAME Marguerite Riley.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ill. 2

17. INFORMANT (ADDRESS) Nettie Hardie

18. BURIAL, CREMATION, OR REMOVAL Antioch Cem.
PLACE Oxly, Mo. DATE Dec. 8 1932

19. UNDERTAKER (ADDRESS) Mrs. M. Gish. Naylor, Mo.

20. FILED 12/10 1932 H Emmett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1925

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 7, 1932

I last saw him alive on none, 19.... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Found dead in bed on above date after going to bed feeling good as usual. I viewed remains according to history, I judged he died from apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of —

What test confirmed diagnosis? history Was there 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) H Emmett, M. D.

(Address) Naylor Mo.