

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

Do not use this space.

2918

1. PLACE OF DEATH

94 County St. Francois Registration District No. 33
 Township Randolph Primary Registration District No. 6024/B
 City Franklin Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 2

2. FULL NAME

Norva Ruth Hardie
 (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 F 4. COLOR OR RACE W 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 19 - 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 78 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Franklin Mo

FATHER 13. NAME Roy Hardie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo

MOTHER 15. MAIDEN NAME Mable Weckley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

17. INFORMANT (ADDRESS) Josephine Hardie Franklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leadswood DATE 1/20/33

19. UNDERTAKER (ADDRESS) J. S. Boyer Leadswood Mo

20. FILED 1/20 1933 W. E. Aubuchon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Premature Birth (6th Month)
 Other contributory causes of importance: 159
 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) Rella Cozear Crowe M.D.
 (Address) Franklin Mo

It may be properly classified. EXACT SURVIVOR OF DEATH

