WHITE PAPER, 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.

MAY 22 1933

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

Do not use this space.

10088

File No.
Registered No.

1. PLACE OF DEATH

51 County: Johnson
Township: Warrensburg
City: (No. , St. Ward)

Registration District No. 431
Primary Registration District No. 5593

2. FULL NAME: Cordia Bernice 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: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~Bernice Harding~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 17, 1921

7. AGE: Years 11 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

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.

FATHER
13. NAME: Elmer Harding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

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

17. INFORMANT (ADDRESS): Elmer Harding R.R. "6 Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Henry Adams Cem. DATE: 3-27 1933

19. UNDERTAKER (ADDRESS): W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED: Mar 27, 1933 Mrs R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933, to March 27, 1933
I last saw h. alive on Mar 26, 1933 Death is said to have occurred on the date stated above, at 1:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis acute	several weeks ago
36E	
91B	

Other contributory causes of importance:
Acute Rheumatism several weeks ago

Name of operation: — Date of:
What test confirmed diagnosis? — 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) Johnson T. Anderson M. D.
(Address) Warrensburg Mo