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.

32825

1. PLACE OF DEATH

County Harrison — Registration District No. 334 — File No. 766

Township — Primary Registration District No. 4197 — Registered No.

City Bethany (No. , St. Ward)

2. FULL NAME Samuel Harding

(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. 15 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1847

7. AGE — YEARS: 85 — MONTHS: 9 — DAYS: 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re-Farmer
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) Indiana

FATHER

13. NAME Issac Harding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Emaline Ramsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Dr. E. F. Harding Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg, Mo DATE 10/4 1933

19. UNDERTAKER (ADDRESS) Frank Yeaman Bethany Mo

20. FILED 10-10 1933 W. L. Harned Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Oct 3, 1933
I last saw him alive on Oct 3, 1933. Death is said to have occurred on the date stated above, at 3:50 A.
The principal cause of death and related causes of importance were as follows:

Apoplexy

62A

Date of onset

Other contributory causes of importance:

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) Dr E. F. Harding D.O. M.D.
(Address) Bethany Mo.