

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 476
 Township Brookfield Primary Registration District No. 3022
 City Brookfield Mo (No. 321) W. Helm St. H Ward)

File No. 1794
 Registered No. 3
 St. H Ward)

2. FULL NAME William H. Hardister

(a) Residence, No. 321 W. Helm St. H Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) Sept - 18 - 1880
 7. AGE YEARS 53 MONTHS 3 DAYS 20 If LESS than 1 day,hrs. ormin.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 8 1934
 22. I HEREBY CERTIFY, That I attended deceased from 1-3 189, to 1-7 1934
 I last saw her alive on 1-7 1934. Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:

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. At Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Malignant Growth of uterus.
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cloned Was there an autopsy? no

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo
 13. NAME J. A. Hardister
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo
 15. MAIDEN NAME Belle Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 same
 Nature of injury _____

17. INFORMANT O. H. Hardister (ADDRESS) W. Helm Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE W. Helm Mo DATE 1-10-1934
 19. UNDERTAKER C. White (ADDRESS) Brookfield Mo
 20. FILED 1/9/34 1934 J. H. Ducars Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. E. Jones, M. D.
 (Address) Brookfield Mo

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000