

Exact statement of OCCUPATION is very important.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

61 County Macou
Township Lyda
City Adairtown

Registration District No. 524
Primary Registration District No. 5700

File No. 1841
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Ramie Emeline Hardgrove

(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 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF Chas P. Hardgrove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wif.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on farm
10. Date deceased last worked at this occupation (month and year) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co Mo

MOTHER 13. NAME James N Farmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Nancy Kelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT James N Farmer (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wh. Taber DATE June 30 1934

19. UNDERTAKER (ADDRESS) H. Subodding Adairtown Mo

20. FILED Feb 6 1934 A. L. Cambre Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1934

22. I HEREBY CERTIFY That I attended deceased from Miss L. L. 1934 to Jan 27 1934
I last saw her alive on Jan 27 1934. Death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Taber
1934
Other contributory causes of importance: None

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) E. G. Lyda M. D.
(Address) Adairtown Missouri

