

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

Do not use this space.

2349

1934  
27  
94

1. PLACE OF DEATH  
 County St. Francois Registration District No. 779 File No. \_\_\_\_\_  
 Township Randolph Primary Registration District No. 6024 Registered No. \_\_\_\_\_  
 City Cathar (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Collin B. Hardy  
 (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 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 Mary A. Thompson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1838  
 7. AGE YEARS 95 MONTHS 7 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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. Farmer  
 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) Kentucky

13. NAME George Hardy

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

15. MAIDEN NAME Mary A. Thompson

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

17. INFORMANT Don Hardy (ADDRESS) Cathar

18. BURIAL, CREMATION, OR REMOVAL PLACE New Century DATE Jan 18 1934

19. UNDERTAKER Wesley C. R. Boyer (ADDRESS) Westgate, Mo.

20. FILED 1-18 1934 W. H. Gable Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

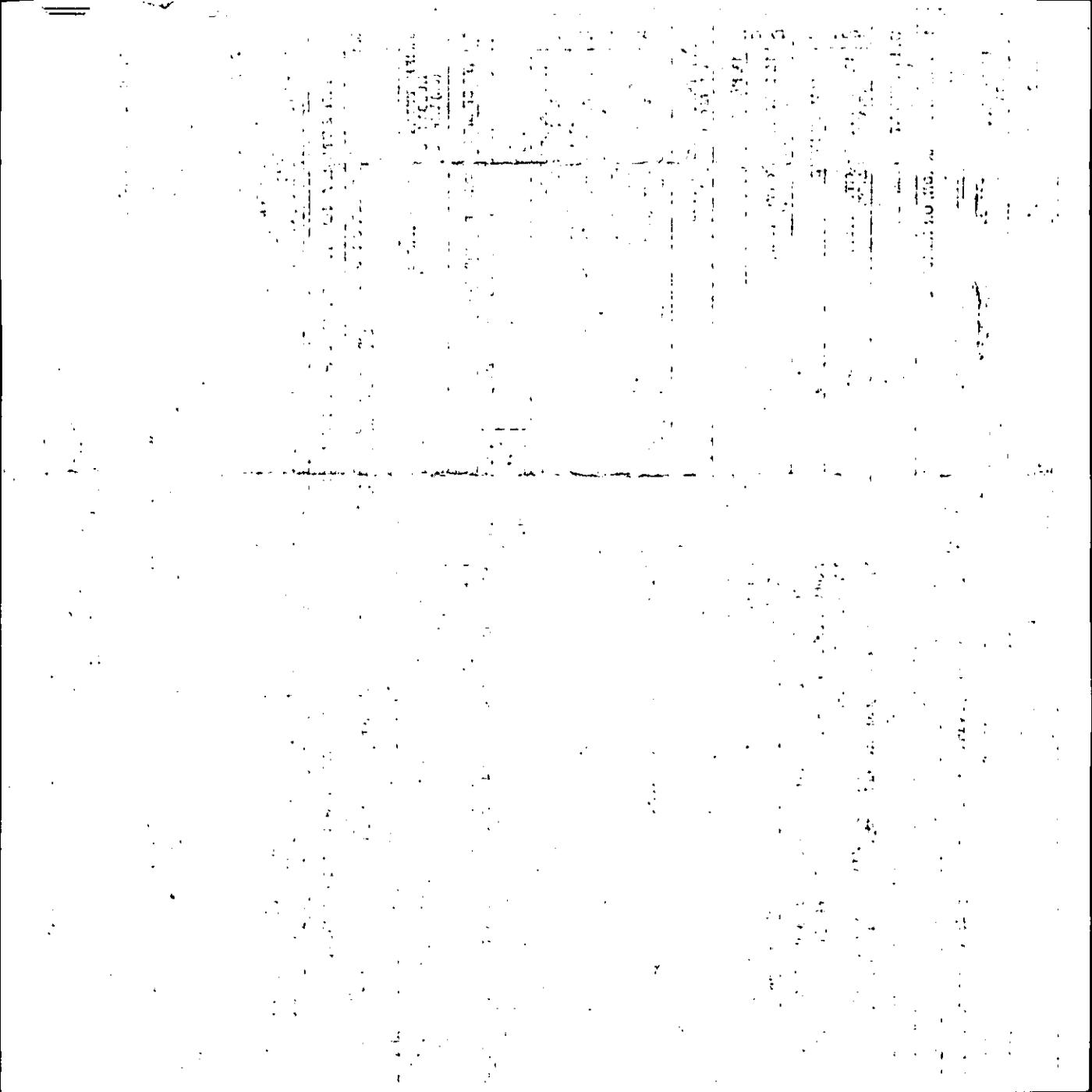
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934, to Jan 16, 1934.  
 I last saw him alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 10<sup>A</sup> m.

The principal cause of death and related causes of importance were as follows:  
General Arteriosclerosis  
Chronic myocarditis  
etc.  
97  
 Other contributory causes of importance: 930

Name of operation Chlorid 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) R. H. H. H. H., M. D.  
 (Address) Forrest, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County St. Francois Registration District No. 779  
 Township Randolph Primary Registration District No. 6024A  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Collin B. Hardy  
 (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.

File No. 2349  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Mary A. Dimpson  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1838

7. AGE YEARS 95 MONTHS 7 DAYS 13  
 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. Farmer  
 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) Kentucky

MOTHER  
 13. NAME George Hardy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 15. MAIDEN NAME Mary A. Dimpson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER  
 17. INFORMANT Tom Hardy  
 (ADDRESS) Exton  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Geneva Cem DATE Jan 18, 1934

19. UNDERTAKER C. D. Bayer  
 (ADDRESS) Osceola, Mo  
 20. FILED Jan 17, 1934 W. H. Luckworth  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1934 to Jan 16, 1934  
 I last saw him alive on Jan 5, 1934. Death is said to have occurred on the date stated above, at 10 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
Sclerosis  
Chronic Myocarditis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) P. Appleberry, M. D.  
 (Address) Farmington

5-2349