MAR 24 1934

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

Do not use this space.

4588

1. PLACE OF DEATH Greene
County Greene — Registration District No. 318 — File No.
Township Campbell — Primary Registration District No. 2001 — Registered No. 113
City Springfield (No. ..... St. ..... Ward)

39 3/5

2. FULL NAME Ulysses Grant Hardrick
(a) Residence, No. 238 Dollison 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Cordelia Hardrick

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

7. AGE Years abatt 65 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery man
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) 1934 Feb
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Cordelia Hardrick 238 Dollison ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE 19

19. UNDERTAKER (ADDRESS) W. P. Campbell 869 Washington AVE

20. FILED 2/15 1934 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933 to 2/14, 1934
I last saw him alive on 2/14, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance as follows:

Date of onset

95A

95B

Other contributory causes of importance: Heart Block

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) A. Andrews M.D., M. D.
(Address) Low Medical Arts Bldg Springfield Mo

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.

165 2 31 31