H. T. Coleman

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No. 6289
Township St. Ferdinand — Primary Registration District No. 4468 — Registered No. 37
City Robertson Mo. (No. [illegible] St. Ward)

2. FULL NAME Abbie Nellie Hard
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Sam Hard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10 1903
7. AGE: YEARS 31 — MONTHS = — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 1932
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jonesburg Mo

FATHER
13. NAME: Milton Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Fannie Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Sam Hard, Robertson Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesburg Mo. DATE 2-10-1934
19. UNDERTAKER (ADDRESS): Baumann Bros Inc. 2504 Woodson Rd Overland Mo
20. FILED Feb 9, 1934 W. A. Zeitler, Registrar.

MEDICAL CERTIFICATE OF DEATH

(3)

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1933, to Feb. 7th, 1934
I last saw her alive on Feb. 7th, 1934. Death is said to have occurred on the date stated above, at 6:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	2-7-33
48	
48	
48	

Other contributory causes of importance:

Septicemia from Cancer	9.1.33

Name of operation Hysterectomy — Date of 5.1.33
What test confirmed diagnosis? — Was there an autopsy? No

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) H. T. Coleman, M. D.
(Address) Pattonville, 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.

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35
1
31
31