WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAY 25 1934 102

1. PLACE OF DEATH

County Buccanhan — Registration District No. 85 — File No. 11948

Township — Primary Registration District No. 1001 — Registered No. 424

City St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME James Ira Hardwick

(a) Residence No. Triplett Mo. St., Ward. Triplett Mo (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 25 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): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie Hardwick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1872

7. AGE: YEARS 62 — 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.: Farmer
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

FATHER

13. NAME: Will Hardwick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

MOTHER

15. MAIDEN NAME: Lizzie Laird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Hosp. Records State Hosp #2 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Triplett Mo DATE Apr 8 1934

19. UNDERTAKER (ADDRESS): L W Meisel Brunswick Mo.

20. FILED 4-7-1934 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to April 6, 1934
I last saw him alive on April 6, 1934 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indefinite
93 C	
Other contributory causes of importance:	
Cerebral Hemorrhage	7/12/33 Plus

Name of operation ..... Date of .....
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) Clifton Smith on G.W.P. M. D.
(Address) State Hosp #2 St Joseph Mo