

DEC 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Poke
City (No. _____) _____

Registration District No. 504
Primary Registration District No. 5803

File No. 38385
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Sherman Harder
(a) Residence, No. Norwinger P. O. # 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie Harder</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-3-1871</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			
	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) <u>1-3-33</u>		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co. Missouri</u>				
FATHER	13. NAME <u>Joseph B. Harder</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lowa</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Wagener</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co. Missouri</u>			
17. INFORMANT <u>Lottie Harder</u> (ADDRESS) <u>Norwinger Mo P. O. # 1</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazel Creek Union</u> DATE <u>11-6-</u> 19 <u>34</u>				
19. UNDERTAKER <u>Dee Riley</u> (ADDRESS) <u>Norwinger Mo</u>				
20. FILED <u>12/21/34</u> 19 <u>34</u> <u>Mrs O.P. Farrington</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1934 to 11-5- 1934
I last saw him alive on Aug-1- 1934 Death is said to have occurred on the date stated above, at 10:10 a. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of penis
51K
Other contributory causes of importance: _____

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) R. R. Lewis, M. D.
(Address) Norwinger Mo

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.

