

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.

DEC 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township East Boone
City (No.)

Registration District No. 447
Primary Registration District No. 5070
5081

File No. 38457
Registered No. 37
St. Ward

2. FULL NAME

William I Hardman

(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 <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			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1845-10-9</u>			
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>2</u>
			IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
FATHER	13. NAME <u>James J Hardman</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>xxkxx Ill</u>		
MOTHER	15. MAIDEN NAME <u>Margeret Sharo</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT <u>J. J. Hardman</u> (ADDRESS) <u>adrian mo # 2</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>adrian mo # 2</u> PLACE <u>Crescent Hill</u> DATE <u>11-13 34</u>			
19. UNDERTAKER <u>Bouth Baughman</u> (ADDRESS) <u>Rick Hill, Mo</u>			
20. FILED <u>Dec 10</u> , 19 <u>34</u> <u>Minnee R. Smith</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1934, to Nov. 11, 1934

I last saw him alive on Nov. 11, 1934 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver, with abdominal dropsy.

Other contributory causes of importance: none.

Name of operation 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) E. E. Robinson M. D.
(Address)

