

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

Do not use this space.

FEB 25 1935

1. PLACE OF DEATH

County Johnson
Township Madison
City Helder (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. 1807
Registered No. 4
St. _____ Ward _____

2. FULL NAME Gladys M. Hardin

(a) Residence, No. Helder Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20, 1925</u>		
7. AGE YEARS <u>12</u>	MONTHS	DAYS <u>9</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>School</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1935</u>	
		11. Total time (years) spent in this occupation <u>Life</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Edward A. Hardin</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Mary Johnson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Edward Andrew Hardin</u>

18. BURIAL, CREMATION, OR REMOVAL <u>Helder Cemetery</u> DATE <u>1-31</u> , 19 <u>35</u>
19. UNDERTAKER (ADDRESS) <u>John W. Murray</u> <u>Helder Mo.</u>
20. FILED <u>Jan 31</u> , 19 <u>35</u> <u>P. W. Murray, M.H.</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1935, to Jan. 29, 1935. I last saw her alive on Jan. 29, 1935. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Intestinal Flu,

Peritonitis.

Other contributory causes of importance:

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) Edward Andrew, M. D.
(Address) Helder, 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.

