

MAY 20 1935

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

Do not use this space.

15447

## 1. PLACE OF DEATH

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Kirkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Jannita Ann Harden  
(a) Residence No. 1709 S. Broadway 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-27-1934</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>5</u>	<u>5</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

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

12. BIRTHPLACE (CITY OR TOWN) Kirkville  
(STATE OR COUNTRY) Missouri13. NAME William M. Kenly Harden14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)15. MAIDEN NAME Elise Long16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)17. INFORMANT Mrs. Elsie Long Harden  
(ADDRESS) 1709 S. Broadway Kirkville Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Chesman DATE 5-4-193519. UNDERTAKER Dee Riley  
(ADDRESS) Kirkville Mo.20. FILED May 4 1935 Spencer Freeman  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2<sup>nd</sup>, 193522. I HEREBY CERTIFY, That I attended deceased from May 2<sup>nd</sup>, 1935, to May 2<sup>nd</sup>, 1935  
I last saw her alive on May 2<sup>nd</sup>, 1935 Death is said to have occurred on the date stated above, at 5 p.m.

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

Double Pneumonia  
(Bronchial) Date of onset April 28

Other contributory causes of importance:

NoneName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? Yes23. 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) Bro. F. Sured, M. D.  
(Address) Kirkville 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

