

SEP 18 1935

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

Do not use this space.

25660

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. Mo. Meth. Hosp) St. Ward

File No.
Registered No. 878

2. FULL NAME

Lana Gabelle Harding
(a) Residence, No. 1412 1/2 Ave 2 8th Blv Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Richard Harding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3 yrs. mos. ds.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star MO

13. NAME James E. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star MO

15. MAIDEN NAME Bessie Sweet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fremont MO

17. INFORMANT (ADDRESS) James R. Harding

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo R. 23 DATE 1935

19. UNDERTAKER (ADDRESS) Barry &rylic

20. FILED AUG 23 1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935, to , 19 .

I last saw alive on , 19 . Death is said to have occurred on the date stated above, at 9:55 a.m.

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

Preparal Sepsis (Post Abortional) with general peritonitis

Other contributory causes of importance: Abortional facts unknown

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 Forrest Thomas (Signed) , M. D.

(Address) 731 Faraon

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.

