SEP 18 1935

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

Do not use this space.

25687

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph, (No. 2710 Ashland Ave. St. Ward)

File No.:
Registered No.: 906

2. FULL NAME: Jefferson D. Hardin
(a) Residence, No. 2710 Ashland Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma C. Hardin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 30, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Retail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods Merchant
10. Date deceased last worked at this occupation (month and year): 1928
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentryville, Mo.

FATHER
13. NAME: Daniel Hardin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky.

MOTHER
15. MAIDEN NAME: Margaret Vest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky.

17. INFORMANT (ADDRESS): Mrs. Emma C. Hardin 2710 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn Cemetery DATE: Sept. 2, 1935, 19

19. UNDERTAKER (ADDRESS): Walter Meierhofer 1302 Faraon St. St. Joseph, Mo.

20. FILED: 8-31-, 1935 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug, 30, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1935, 19, to, 19
I last saw him alive on, 19. Death is said to have occurred on the date stated above, at 9.00 m. A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation: None Date of:
What test confirmed diagnosis? Clin. Hist. Was there an autopsy? No

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) Forrest Thomas, M. D. Coroner.
(Address) 731 Faraon St. St. Joseph, 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.