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.

AUG 31 1935

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

Do not use this space.

26536

1. PLACE OF DEATH
County Jackson — Registration District No. 800 — File No. 7285
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 6015 Indiana Ave St. Ward)

2. FULL NAME Mary Hardin
(a) Residence, No. 2203 Park 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 Female
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1871
7. AGE YEARS 64 MONTHS 4 DAYS 23. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Missouri

FATHER
13. NAME George Burke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Sylvia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Dwain Hardin 2203 Park
18. BURIAL, CREMATION, OR REMOVAL PLACE La Mont Mo DATE 8/20 1935
19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia
20. FILED 8-20 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16/35, 19
22. I HEREBY CERTIFY That I attended deceased from ....., 19 to ....., 19
I last saw h.... alive on ....., 19 Death is said to have occurred on the date stated above, at 6 00 m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Chronic Myocardial Infarction
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of
What test confirmed diagnosis? Autopsy 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) [signature], M. D.
(Address) [signature]