

DEC 11 1935

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

Do not use this space.

35277

1. PLACE OF DEATH

County Buchanan

Registration District No. 85 1001

Township

Primary Registration District No.

City St. Joseph, Mo. (No. Mo. Meth. Hosptl.)

File No.

Registered No. 1278

St. Ward

2. FULL NAME Mrs. Lena Wilma Hardin

(a) Residence, No. Huron, Kans. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles G. Hardin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 5 10

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

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) Effingham
(STATE OR COUNTRY) Kans.

13. NAME Rev. Howard I. Miller

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Laura Florence Miller

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT C. G. Hardin
(ADDRESS) Huron, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Huron, Kans. DATE Nov. 30, 1935

19. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS)

20. FILED 11-30 1935 John P. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1935, to Nov 29, 1935

I last saw her alive on Nov 29, 1935 Death is said

to have occurred on the date stated above, at 2:40 p.m.

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

Bischof's poisoning
Date of onset Nov. 24

Other contributory causes of importance:

Contraceptive
Bischof's poisoning
Insertion in vagina
Date of onset 11/25

Name of operation Date of

What test confirmed diagnosis? 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? At home Huron Mo

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) H. L. Saurad, M. D.

(Address) St Joseph 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.

