

JAN 15 1936

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

Do not use this space.

38672

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph, Mo. (No. Mo. Meth. Hoptl.)

File No. _____
Registered No. 1343
St. _____ Ward _____

2. FULL NAME

Richard Lee Harden

(a) Residence, No. 208 E. Kan. 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>MALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15-1935</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>5</u>
		<u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
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) <u>ST. JOSEPH, Mo.</u>		
13. NAME <u>C. E. HARDEN</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>STANBERRY, Mo.</u>		
15. MAIDEN NAME <u>PAULINE M. BLAKE</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MESSIER, KANS.</u>		
17. INFORMANT <u>C. E. HARDEN</u> (ADDRESS) <u>208 E. KANS.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>STANBERRY, Mo.</u> DATE <u>DEC. 23, 1935</u>		
19. UNDERTAKER <u>FLEEMAN & SON, INC.</u> (ADDRESS) <u>14 South 12th</u>		
20. FILED <u>12-22, 1935</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Dec 21, 1935

I last saw him alive on Dec 21, 1935. Death is said

to have occurred on the date stated above, at 12:30 A.M.

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

Intussusception Date of onset 1-18-35

Other contributory causes of importance: 1225

Name of operation Release Intussusception Date of _____

What test confirmed diagnosis? Clue 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 _____

(Signed) J. M. Allaway, M. D.

(Address) 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.

RECORD WITH THIS INFORMATION—THIS IS A PERMANENT RECORD

