

JAN 15 1936

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

Do not use this space.

38715

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township WASHINGTON Primary Registration District No. 1001
City ST. JOSEPH, MO. (No. 418 BIRCH) St. _____ Ward _____

File No. _____
Registered No. 1388

2. FULL NAME CHRISTINA M. HARDWICK

(a) Residence, No. 418 BIRCH 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 25, 1873
7. AGE YEARS 62 MONTHS 0 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) BUCHANAN COUNTY (STATE OR COUNTRY) MO.
13. NAME Wm. SPEAKER
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) OHIO

15. MAIDEN NAME JONES
16. BIRTHPLACE (CITY OR TOWN) WHEELING (STATE OR COUNTRY) WEST VIRGINIA

17. INFORMANT JOHN E. HARDWICK (ADDRESS) 418 BIRCH
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMO. PARK DATE JAN, 2, 1935

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) _____
20. FILED 1-2-35 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1935, to Dec 30, 1935
I last saw her alive on Dec 30, 1935 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:
Empyema - secondary to a Hydrothorax of one year duration
Date of onset 10-12 days

Other contributory causes of importance:
Chronic Enteritis - Cause undetermined 1 1/2 yr
not ulcerative
Chronic myocarditis & atherosclerosis 1 1/2 yr
hypertension
Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? 4/22

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) Clarence A. Gaud, 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.

WHILE IN SERVICE, WITH AN ADDRESS IN KANSAS THIS IS A PERMANENT RECORD

