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.

MAR 16 1936

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

Do not use this space.

4811

File No.

Registered No. 6

1. PLACE OF DEATH

County: Butler

Registration District No.

Township: Ash Hill

Primary Registration District No.

City: (No. 4 miles, East of Brosley, Mo. St. Ward)

2. FULL NAME Betty Joe Hardy

(a) Residence, No. Brosley, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Cardwell
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Lebern Hardy

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

MOTHER

15. MAIDEN NAME Geneva McKinney

16. BIRTHPLACE (CITY OR TOWN) Paragould
(STATE OR COUNTRY) Arkansas

17. INFORMANT Lebern Hardy
(ADDRESS) Brosley, Mo. Gen. Del.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Cardwell, Mo. DATE Feb. 9, 1936

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 2-8- 1936 Noa J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7-5-PM, 1936, to Jan 7-, 1936

I last saw her alive on 2-7-, 1936. Death is said to have occurred on the date stated above, at 10:50 P. M.

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

Date of onset

Dwarf-Know
Child I caused
dying when they
brought it to the office

Other contributory causes of importance:
Supposed to have
leaped spine from
3 months

Name of operation Date of

What test confirmed diagnosis? 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) A. Ernulp, M. D.

(Address) Brosley, Mo.