

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.

Head...

MAR 19 1936

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

Do not use this space.

5726

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 5554
(No. 2107 Scott Ave)

File No.
Registered No. 63
St. Ward

2. FULL NAME

Mollie L. Hardin

(a) Residence, No. 2107 Scott Ave St., Ward.

(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 (with the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 7

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) Buckingham Co Virginia

13. NAME Thomas O. Beal

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

15. MAIDEN NAME unknown

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

17. INFORMANT Miss Thompson (ADDRESS) 2107 Scott Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Salmon Church DATE Feb 11th, 1936

19. UNDERTAKER Geo. E. Curran (ADDRESS) 101 No. Pleasant - Indep. Mo.

20. FILED 2-13-36 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936 to Feb. 10, 1936
I last saw her alive on Feb. 10, 1936. Death is said to have occurred on the date stated above, at 9:55 a. m.
The principal cause of death and related causes of importance were as follows:

Arterial Hypertension (Cause)
Date of onset

Other contributory causes of importance
Cerebral Hemorrhage
Brain Aneurysm
2/4/36
4/8/36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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) Wm. G. Grady, M. D.
(Address) Independence Mo

1936 - 7 - 12

1854 - 4 - 3

81 - 10 - 7