

APR 17 1936

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

Do not use this space.

10013

1. PLACE OF DEATH

County

Dunklin

Registration District No.

282

Township

Campbell

Primary Registration District No.

4166

City

(No.

File No.

Registered No.

10

St.

Ward)

2. FULL NAME

(a) Residence, No.

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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Erman Hardesty

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

5

1

OCCUPATION

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

Home wife

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)

Ill.

FATHER

13. NAME

Mrs Belt

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

Ill.

MOTHER

15. MAIDEN NAME

Mary Belt

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

Ill.

17. INFORMANT (ADDRESS)

Husband Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Woodburn

DATE

3/10 1936

19. UNDERTAKER (ADDRESS)

Lander's Funeral Home Campbell Mo

20. FILED

3/9

1936

E. W. Hardesty Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

mar 3, 1936, to mar 9, 1936

I last saw her alive on mar 9, 1936 Death is said

to have occurred on the date stated above, at 3:00 p.m.

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

Paralysis, and Bed Sores due to injury in an automobile accident

Date of onset

Other contributory causes of importance:

Stomach poison from Radonium

Name of operation

What test confirmed diagnosis? X as here an autopsy?

23. If death was due to external causes (violence, fall, etc.) also the following:

Accident, suicide, or homicide? Days of injury

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 John R. Brown

(Signed)

(Address)

Campbell Mo

, M. D.

DEC 4 1951

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township
City Campbell (No. St. Ward)

Registration District No. 282
Primary Registration District No. 4166

File No.
Registered No.

2. FULL NAME

Bess Hardisty

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 38 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3/9 19 1936 E. W. Borden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1936

22. I HEREBY CERTIFY, That I attended deceased from

19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Paralysis and Bed sores due to injury in my automobile accident Date of onset

Other contributory causes of importance:

Passenger
Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (violence), fill in also the following: Accident

Accident, suicide, or homicide?..... Date of injury Dec 24, 1936

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 Public Highway

Nature of injury Car turned over

Broken Vertebrae Cervical

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) John L. Brown M. D.

(Address) Campbell

