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.

MAY 21 1936

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

Do not use this space.

15060

File No.

Registered No. 156

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. , St. Ward)

Registration District No. 398
Primary Registration District No. 5554

2. FULL NAME Mrs Margarett L Harden
(a) Residence, No. 1131 7 E 19th St Indep Mo 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1843

7. AGE: Years 92 | Months 4 | Days 2. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. at home
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) Ohio

FATHER
13. NAME Arthur Carney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Margarett Bowmant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Mrs Frank H Smith
(ADDRESS) 1915 Clairmont Indep Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem DATE April 19 1936

19. UNDERTAKER Ott & Mitchell
(ADDRESS) Independence Mo

20. FILED 4-20-1936 J. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933, to 4-16, 1936

I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 6:30 a m.

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

	Date of onset
Senility	
Terminal Pneumonia	1 day.

Other contributory causes of importance:
Hypertension
Chr Nephritis.

Name of operation None 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? No Date of injury No, 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) George M. Poole, M. D.
(Address) 11032 Winner Rd, Indep. Mo.