JUN 23 1936

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

Do not use this space.

19739

File No.

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No. 401

Township VAN BUREN Primary Registration District No. 6-5-6-6

City LONE JACK (No. RURAL ROUTE #2 St. Ward)

2. FULL NAME DAVID EUGENE HARDSAW

(a) Residence, No. RURAL ROUTE #2 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: MALE

4. COLOR OR RACE: WHITE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. CLARA CRAWFORD HARDSAW

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-30-1862

7. AGE: YEARS 7.3 MONTHS 11 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) NEW AMSTERDAM INDIANA

FATHER

13. NAME PITTMAN HARDSAW

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW AMSTERDAM INDIANA

MOTHER

15. MAIDEN NAME EVALINE DUGAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW AMSTERDAM INDIANA

17. INFORMANT (ADDRESS) MRS CLARA CRAWFORD HARDSAW RURAL ROUTE #2

18. BURIAL, CREMATION, OR REMOVAL PLACE ROGAR CEMETERY NEAR TARSNEY, MO. DATE MAY-27 1936

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED May 26 1936 Vernie E. Yankee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-26-1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 25, 1936

I last saw him alive on May 25, 1936. Death is said to have occurred on the date stated above, at 2:35 A.m.

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

Coronary Occlusion — Date of onset May 1 1936

94 B

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

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

If so, specify No

(Signed) O. Liston, M. D.

(Address) Oak Grove Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. [illegible] Nelson
Oak Grove, Missouri.