

AUG 1 1936

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

Do not use this space.

791
1003

28829

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City. St. Louis(No. 3701 N. 9th St.)

File No.

Registered No. 7596

St. Ward)

2. FULL NAME

Roy Harder(a) Residence, No. 3701 N. 9th St. St. 26 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 (*writes the word*) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 1888

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

47 6 22

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

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) Mo.13. NAME William Ha rder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Elizabeth Hick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan.17. INFORMANT Ra y Ha rder
(ADDRESS) R. F. D. # 14 Baden Station18. BURIAL, CREMATION, OR REMOVAL PLACE Nat. Cem. DATE 7/20/3619. UNDERTAKER (ADDRESS) W. G. Stock Yrd. Co.20. FILED JUL 18 1936 J. F. Bredeck Registrar.MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Excessive Heat.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes.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 Fract. P. Femur(Signed) Frans P. Farling(Address) Lawson

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.

