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.

DEC 3 1936

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

Do not use this space.

38136

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg No. St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 126

2. FULL NAME Hallie H. Hardy

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-28-1877

7. AGE: Years 59 Months 7 Days 4 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.
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) Eldorado Springs Mo

FATHER
13. NAME Jas. Tromsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

MOTHER
15. MAIDEN NAME Margaret Shockley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo

17. INFORMANT (ADDRESS) Mrs Dee Carpenter Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Oct. 3 1936

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg, Mo.

20. FILED Oct 3 1936 Ernest Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1936, to Oct 2 1936
I last saw h. alive on Oct 1 1936. Death is said to have occurred on the date stated above, at 3:A m.
The principal cause of death and related causes of importance were as follows:

Appendicitis

Date of onset

Other contributory causes of importance:

Name of operation Appendicectomy Date of 9-30-36
What test confirmed diagnosis? Operation 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 R Patterson, M. D.
(Address) Warrensburg Mo