

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.

FEB 27 1937

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

Do not use this space.

7062

317

1. PLACE OF DEATH

County Lincoln

Registration District No. 492

File No. 317

Township Monroe

Primary Registration District No. 563-2A

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

Florence Hardesty

(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 57 yrs. 26 mos. 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 Geo. M. Hardesty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1880

7. AGE YEARS 57 MONTHS \_\_\_\_\_ DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-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) Lincoln County Mo. (STATE OR COUNTRY)

13. NAME H. Jasper Woodson

14. BIRTHPLACE (CITY OR TOWN) Lincoln County Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Ellen Admire

16. BIRTHPLACE (CITY OR TOWN) Lincoln County Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Robert Brown (ADDRESS) Ethel

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Cem. DATE 2/8/37

19. UNDERTAKER Ricks Funeral Home (ADDRESS) Winfield, Mo.

20. FILED 2/8 1937 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1934, to Feb. 6, 1937

I last saw her alive on Feb. 5, 1937. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Cardio Renal Vascular disease

Other contributory causes of importance: General Edema.

Name of physician Alvin C. and Liberty Evans Date of \_\_\_\_\_  
What was your diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date 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? No

If so, specify \_\_\_\_\_ (Signed) J. J. Allert, M. D.  
(Address) Winfield, Mo.

