

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

Do not use this space.

1. PLACE OF DEATH

89 County  
6 Township  
4 City

31 1937  
Ray

Registration District No.

754

Primary Registration District No.

835

File No.

17390

Registered No.

45

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Latta Vick Harding

(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

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. Florence Harding

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

December 13, 1880

7. AGE

56

YEARS

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.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Labourer

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)

Camden Missouri

13. NAME

John J. Harding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Camden Missouri

15. MAIDEN NAME

Charity Duffring

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Camden Missouri

17. INFORMANT (ADDRESS)

Mrs. Florence Harding

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_

Camden Mo April 8, 1937

19. UNDERTAKER (ADDRESS)

Richmond Missouri

20. FILED

5/10/37

Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 11, 1937, to April 15, 1937

I last saw him alive on April 15, 1937. Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Lobar Pneumonia  
Bronchitis  
Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) John M. Hersh, M. D.

(Address) Richmond Missouri

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.

