No card

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No. 19443

Township Primary Registration District No. 1001 Registered No. 534

City St. Joseph, (No. 705 North 25th. St. Ward)

2. FULL NAME Harriet J. Harding,

(a) Residence, No. 705 North 25th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josiah F. Harding,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 25, 1842

7. AGE: YEARS 95 MONTHS 1 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home,
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): Rockford, Illinois,

FATHER
13. NAME: Joel B. Potter,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER
15. MAIDEN NAME: Adaline Lathrop,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): John P. Harding 705 North 25th. Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE May 5th. 1937

19. UNDERTAKER (ADDRESS): Heaton-Be Gale & Bowman 319 So. 10th. Str. Funeral Home

20. FILED 5-5 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1937, to 5/3, 1937
I last saw her alive on 5/3, 1937. Death is said to have occurred on the date stated above, at 4:10 a.m.
The principal cause of death and related causes of importance were as follows:

Phenol Pneumonia and Empyemia

Date of onset

Other contributory causes of importance: Senility

Name of operation none Date of
What test confirmed diagnosis? Clue 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) F. U. Shackelford DD, M. D.
(Address) Mercy Hospital St Joseph Mo.

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.