AUG 19 1937

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

Do not use this space.

File No. 26689

Registered No. 777

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph — (No. Missouri Methodist Hospital St. — Ward)

2. FULL NAME Geneva Rosalia Harding

(a) Residence, No. 3805 King Hill Ave. 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 Jerry Harding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20. 1916

7. AGE: Years 20 — Months 9 — Days 19 — 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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER

13. NAME John W. Scott

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

MOTHER

15. MAIDEN NAME Daisy Roberts

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

17. INFORMANT John W. Scott (ADDRESS) 3805 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE July 12, 1937

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Ave.

20. FILED July 11, 1937 H. J. Nestlebach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937, to July 9, 1937

I last saw her alive on July 9, 1937 Death is said to have occurred on the date stated above, at 8:35 P.M.

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

	Date of onset
Coma Toxemia	
Gland & Tongue	June 1937
H. Check	

Other contributory causes of importance:

Edema of Tongue	July 9, 37

Name of operation None Date of

What test confirmed diagnosis? Clinically 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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Thompson M. D.

(Address) 825 Christian Sheffield Bldg.

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.