SEP 20 1937

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

Do not use this space.

Registration District No. 3765
Primary Registration District No. 4222

File No. 30819
Registered No. 5-3

1. PLACE OF DEATH
County: Howard,
Township:
City: Fayette, (No. , St. Ward)

2. FULL NAME: John Theron Hardman,

(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: Margaret Hardman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/3rd 1888

7. AGE: Years 49 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher,
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): Missouri.

FATHER
13. NAME: Silas Hardman,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio. Ohio.

MOTHER
15. MAIDEN NAME: Margaret Zimmerman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Mrs John Hardman, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Ridge. DATE: 8/20th 1937, 19

19. UNDERTAKER (ADDRESS): Guy T. Halley. Fayette, Mo.

20. FILED: Sep. 6, 1937 V. C. Bonham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/19th 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to 8-19, 1937
I last saw alive on 8-19, 1937. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-Acute Bacterial Endocarditis	April 3,

Other contributory causes of importance:

Typhoid Fever	April 1937

Name of operation: Date of:
What test confirmed diagnosis: 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) Iva Bloom, M. D.
(Address) Fayette 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.