Stf 6 1 1938

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

1 Do not use this space.

File No. 32092

Registered No. 10

1. PLACE OF DEATH

County: Warren

Registration District No. 882

Township: [illegible]

Primary Registration District No. 6174

City: Wright City (No. ..... St. ..... Ward)

2. FULL NAME Alma Hardy

(a) Residence, No. R. F. D. #1 Box 153 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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: Negro.

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jesse Hardy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 27, 1891

7. AGE: Years 46 | Months 7 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Aug. 1937

11. Total time (years) spent in this occupation: 20 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE ~~OR COUNTRY~~): Wright City, Mo.

FATHER

13. NAME: John S. Logan

14. BIRTHPLACE (CITY OR TOWN) (STATE ~~OR COUNTRY~~): Missouri

MOTHER

15. MAIDEN NAME: Annie Bailey

16. BIRTHPLACE (CITY OR TOWN) (STATE ~~OR COUNTRY~~): Missouri

17. INFORMANT: Mamie Wyatt
(ADDRESS) 1821 Union St Alton Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wright City DATE: Aug. 11, 37

19. UNDERTAKER: Joel Russell
(ADDRESS) 1624 Central Ave., Alton, Ill.

20. FILED 8/10 1937 M A Clarenbach MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1937, to Aug 8th, 1937

I last saw her alive on Aug 7th 1937. Death is said to have occurred on the date stated above, at 1:30 A.M. m.

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

Cerebral Hemorrhage — Date of onset 8/3/37
Apoplexy

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) M A Clarenbach, M. D.

(Address) Wright City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

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