

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Dewitt
City (No. 2)

Registration District No. 136
Primary Registration District No. 5194

File No. 33888
Registered No. _____
Ward _____

2. FULL NAME

Emmie Harden

(a) Residence, No. _____ St. _____ Ward. 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Sanders

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-1893

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 44 3 2

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck operator

We the jury find that Emmie Harden's cause to his death from natural causes - apoplexy

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 _____

Other contributory causes of importance: 8201

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

Died in Park on Highway No. 24

13. NAME Richard Harden

Name of operation 16 miles east of Carrollton Date of operation _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Nettie Burkhart

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mrs. Emmie Harden (ADDRESS) Carrollton, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adkins Cem DATE Sept. 21, 1937

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Stanley (ADDRESS) Carrollton, Mo.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILED Sept. 21 1937 Alta Henderson Registrar.

(Signed) J. D. Anderson (Address) Bozart, Mo.

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

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