

DEC-14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. 1)

Registration District No. 30
Primary Registration District No. 3003

File No. 40577
Registered No. 58
St. _____ Ward _____

2. FULL NAME

Mellie May Hardesty
(a) Residence, No. 215 Central 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF B. W. Hardesty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 8 18

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) (STATE OR COUNTRY) Green Forest Arkansas13. NAME B. W. Windham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Campbell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas17. INFORMANT B. W. Hardesty
(ADDRESS) Monett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Forest Ark DATE Dec 7 1937
Local cemetery

19. UNDERTAKER Callaway
(ADDRESS) Monett Mo20. FILED 1-37 W. M. West
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-30-30 1937, to 11 30 1937

I last saw him alive on 11-29 1937. Death is said to have occurred on the date stated above, at 11 a. m.

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

Over come by gas in her home
Fumes of gas combustion Date of onset 11-30-37

Other contributory causes of importance: 176

Name of operation _____ Date of _____

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence), list in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 30, 1937

Where did injury occur? Monett Mo

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

Manner of injury 176 Mercuric gas

Nature of injury _____

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

If so, specify _____

(Signed) J. H. West M. D.(Address) Monett 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.

