REC'D APR 7 1938

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

Do not use this space.

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1. PLACE OF DEATH
County COLE — Registration District No. 213 — File No. 10538
Township — Primary Registration District No. 3814 — Registered No. 105
City JEFFERSON CITY (No. Missouri State Prison Hosp. St. Ward)

2. FULL NAME LEE HARDIN - #50088 635
(a) Residence, No. MISSOURI STATE PRISON 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1865

7. AGE: Years 72 — Months 5 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mo. State Prison (ADDRESS) J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirksville Mo. DATE 3/29/ 1938

19. UNDERTAKER Heinrichs Undertaking Co., (ADDRESS) Jefferson City, Mo.

20. FILED 3/29/ 1938 [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to March 24, 1938
I last saw him alive on March 24, 1938 Death is said to have occurred on the date stated above, at 1:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Heart Disease	
45 P.M.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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?
If so, specify
(Signed) W. W. Rambo M. D.
(Address) W. W. RAMBO, M. D. Prison Physician

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.