

REC'D MAY 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County JasperRegistration District No. 417Township West CityPrimary Registration District No. 3021City West City (No. 32)

S. BALL

File No. 14962Registered No. 27St. Mo. Ward

## 2. FULL NAME

(a) Residence, No. 32 S. Ball St. 631 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

Nellie Hardy

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 31 1880

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

5551

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

Mill Man

## 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)

Princeton Mississippi

## 13. NAME

Joseph Allen Hardy

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

Unknown

## 15. MAIDEN NAME

Emily Edstrom

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

## 17. INFORMANT (ADDRESS)

Mrs. Nellie Hardy

## 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Mount Hope Cem. 4/4 1938

## 19. UNDERTAKER (ADDRESS)

West City Undertaking

## 20. FILED

APR 23 1938

J. P. Schick Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 193822. I HEREBY CERTIFY, That I attended deceased from 3-22 1938 to 4-1 1938I last saw him alive on April 1 1938. Death is saidto have occurred on the date stated above, at 2:01 m.

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

Coronary occlusion Date of onset

Other contributory causes of importance:

24b

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) P. B. Munson M.D.377 (Address) 205 W. BroadwayWest City, 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.

