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.

REC'D MAY 23 1938

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

Do not use this space.

15288

1. PLACE OF DEATH

65 County Mercer — Registration District No. 556 — File No.

Township — Primary Registration District No. 4328 — Registered No. 27

City Princeton (No. ..... St. ..... Ward)

2. FULL NAME Bertha Eunice Hardman 635

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nora W Hardman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15 1882

7. AGE: YEARS 55 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Homekeeper
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Medicine Twp Mercer Co Mo

FATHER

13. NAME: Henry C. Golden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Sarah Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Chas Golden Mill Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ravenna Cem DATE: May 6, 1938

19. UNDERTAKER (ADDRESS): Martin Funeral Home Princeton Mo

20. FILED: 5/5, 1938 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 4, 1938
I last saw her alive on May 4, 1938 Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	5 days
Other contributory causes of importance:	
measles	20 days

Name of operation: no Date of: ✓
What test confirmed diagnosis? Phys - 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) Dr. B. J. Axtell DO
(Address) Princeton, Mo.