

DEC'D OCT 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County GreeneRegistration District No. 323File No. 32255Township MurrayPrimary Registration District No. 5448

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(Lieutenant-Colonel) Albert Hardman(a) Residence, No. 346 East 51. st Los Angeles, California Ward \_\_\_\_\_ (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 4 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 18737. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
65 7 208. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Military  
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) Oct. 1920 11. Total time (years) spent in this occupation 2212. BIRTHPLACE (CITY OR TOWN) Greene County (STATE OR COUNTRY) Missouri13. NAME Hiram E. Hardman14. BIRTHPLACE (CITY OR TOWN) South-bend (STATE OR COUNTRY) Indiana15. MAIDEN NAME Betty Thomas16. BIRTHPLACE (CITY OR TOWN) Greene Co (STATE OR COUNTRY) Missouri17. INFORMANT Mrs D. E. Cloud (ADDRESS) Villard, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 9-29-193819. UNDERTAKER P. L. Greenwald and Co. (ADDRESS) Villard -20. FILED 9-26-1938 Mrs. Ralph Hughes Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 193822. I HEREBY CERTIFY, That I attended deceased from 9-28, 1938, to 9/26, 1938I last saw him alive on no time, 1938. Death is said to have occurred on the date stated above, at 3 A.m.

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

Valvular heart lesion - Date of onset 1930Caused by Melvin Vondack of Los Angeles CalifOther contributory causes of importance: noneName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? History Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) S. F. Greenwald M. D.(Address) Springfield, 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.

