

FFP 6 1938

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

Do not use this space.

3305

1. PLACE OF DEATH

County Nodaway

Registration District No. 618

Township

Primary Registration District No. 4369

City Burlington Jet (No. _____) St. _____ Ward _____

File No. _____

Registered No. 11

2. FULL NAME

Donna Jean Hardin

(a) Residence, No. _____ 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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 7 7 19

OCCUPATION

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

child

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) Wilcox, Missouri

13. NAME Charles B. Hardin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Av., Iowa

15. MAIDEN NAME Elva Hostetor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Jet Missouri

17. INFORMANT Chas B Hardin (ADDRESS) Burlington Jet Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wilcox, Mo DATE Oct 13 1938

19. UNDERTAKER J R Hann (ADDRESS) Burlington Jet Mo

20. FILED Jan 21 1939 J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14 1938 to 10/13 1938

Last saw him alive on 10/11 1938 Death is said to have occurred on the date stated above, at _____ m.

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

Chc Ludo Carditis (Plumeter) Date of onset June 14
Chc Myo Carditis

Other contributory causes of importance: 972

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) D. G. R. Land M. D.

(Address) Burlington Jet 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.

