

REC'D FEB 25 1939

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

Do not use this space.

3471

1. PLACE OF DEATH

80

County Jefferson
Township Blackwater
City Blackwater (No. 2)

Registration District No. 112
Primary Registration District No. 6-3-36

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

10:30 Charles Victor Hard
(a) Residence, No. La Monte Mo. 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M
4. COLOR OR RACE W
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) 1-6-39
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939
22. I HEREBY CERTIFY: That I attended deceased from Jan 6 1939 to Jan 16 1939
I last saw him alive on Jan 16 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

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

Bronchial Pneumonia Date of onset 1-14-39
159
Other contributory causes of importance: Premature birth

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Monte Mo
13. NAME Glover Hard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo
15. MAIDEN NAME Lora Balloune
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

17. INFORMANT (ADDRESS) Glover Hard
18. BURIAL, CREMATION, OR REMOVAL PLACE Blackwater Mo DATE Jan 14 1939

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 _____

19. UNDERTAKER (ADDRESS) B. J. Parke

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. C. Putnam M. D.
(Address) Marshall Mo.

20. FILED Jan 18 1939 L. Loren Registrar.

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WHITE PLAINLY, WITH UNFADE INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2/6/39