

REC'D MAR 9 1939

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

6301
Do not use this space.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3015 Registered No. 52
 (c) City Jefferson City, Mo. (d) Street No. 514 Monroe St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Matilda Hord
 (a) Residence, No. 514 Monroe St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hord
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 80 or 83
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as 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) Franklin Co., Mo.
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME Ann Radican
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.
 17. INFORMANT (ADDRESS) James Hord
514 Monroe St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Osley Cemetery DATE Mar. 1st 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tebbett & B. Hardiman
Jefferson City, Mo.
 20. FILED 2/28/39 1939 D. B. Beardsley
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 - 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan. 14 - 1939 to Feb. 26 - 1939
 I last saw her alive on Feb. 25 - 1939 Death is said to have occurred on the date stated above, at 11:45 PM
 The principal cause of death and related causes of importance were as follows:
Acute yellow atrophy of Liver Date of onset unknown
 Other contributory causes of importance:
Anemia, Chronic Gastritis & general Debility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? yes
 23. 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? _____ (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. B. Beardsley M. D.
 (Address) Jefferson City, Mo.

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.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. D. Hardiman

or by

Registered Apprentice No. ~~1877~~, working under my personal supervision.

Signed

L. D. Hardiman

Licensed Embalmer No.

1879

P. O. Address

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.