

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

Do not use this space.

10421

R. 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.

24 1929

PLACE OF DEATH  
 County Henry Registration District No. 355  
 Township Davis Primary Registration District No. 5497  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Thomas Gill Hardesty  
 (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 43 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Hardesty  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 7, 1845  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 24  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) Hebron  
 (STATE OR COUNTRY) Ohio  
 10. NAME OF FATHER Nelson Hardesty  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) unknown  
 12. MAIDEN NAME OF MOTHER Minnie Gill  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) unknown  
 14. INFORMANT Mrs. Lee Sisson  
 (Address) Montrose Rt 34  
 15. FILED 4-6-29 W.E. Baggerly  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 31 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Mar 20, 1929 that I last saw him/her alive on Mar 20, 1929, and that death occurred, on the date stated above, at 10 P. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
 730  
 900  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W.E. Baggerly, M. D.  
4-3, 1929 (Address) La Sue, Mo  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bear Creek Cem DATE OF BURIAL Apr 2 1929  
 20. UNDERTAKER Sennartz & Sennartz ADDRESS Montrose

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