

1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 780
Township St. Ann Primary Registration District No. 4466
City St. Genevieve No. _____ St. _____ Ward _____

File No. 7965
Registered No. 11

2. FULL NAME

Hunt Hardy Jr.

(a) Residence, No. _____ 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

OCCUPATION	3. SEX	<u>M</u>	4. COLOR OR RACE	<u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	<u>Single</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	<u>Single</u>				
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	<u>Nov 4 - 1904</u>				
	7. AGE	YEARS <u>32</u>	MONTHS <u>4</u>	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.	
	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.	<u>Laborer</u>				
	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)	<u>Esther, Mo</u>				
	FATHER	13. NAME	<u>Hunt H. Hardy</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		<u>Louisville Ky.</u>				
MOTHER	15. MAIDEN NAME	<u>Jane Cohen</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Madison Co Mo</u>				
17. INFORMANT (ADDRESS)	<u>Hunt H. Hardy Sr. St. Genevieve Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>St. Genevieve Mo</u>					
19. UNDERTAKER (ADDRESS)	<u>Cardwell Bros. Feat. St. Genevieve Mo</u>					
20. FILED	<u>Jul 28, 1937 T.W. Douglas Registrar</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:16 P.M.

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

Broken neck - Regal
Asphyxiated by the staff
A. J. Burger

Date of onset _____

Other contributory causes of importance: 193.

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? _____
If so, specify _____
(Signed) Regal
(Address) St. Genevieve 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.

