

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

AUG 23 1929

24186

1. PLACE OF DEATH

County Cooper
Township Burnett
City Burnett (No.)

Registration District No. 219
Primary Registration District No. 4132

File No. 2A
Registered No. 17
St. _____ Ward _____

2. FULL NAME

James Arthur Hardiman

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 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) Jan. 22-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 5 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lawrenceville Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Isiah Hardiman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrenceville Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy English
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrenceville Mo.
(STATE OR COUNTRY)

14. INFORMANT J. A. Hardiman
(Address) Burnett Mo.

15. FILED 1/10, 1929 Hattie P. Shaw
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1929

17. I HEREBY CERTIFY, That I attended deceased from July 2 to July 2, 1929, that I last saw him alive on July 2, 1929, and that death occurred, on the date stated above, at about 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accident (duration) about 1 day yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Wet (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. A. Hardiman, M. D.

7/3, 1929 (Address) Burnett 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 California Mo. DATE OF BURIAL 7-4 1929

20. UNDERTAKER L. A. Hardiman ADDRESS J. C. Mo.

