

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

Do not use this space.

23335

1. PLACE OF DEATH

County Cole

Registration District No. 210

Township Jefferson

Primary Registration District No. 2014

City Jefferson

File No. \_\_\_\_\_

Registered No. 187

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 505 Monroe St., \_\_\_\_\_ 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

3. SEX

Male

4. COLOR OR RACE

Black

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)

Mar. 12 - 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

13

4

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At School

(b) General nature of industry, business, or establishment in which employed (or employer)

2-1019 1038

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

California Mo.

10. NAME OF FATHER

L. R. Hardiman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jamestown Mo.

12. MAIDEN NAME OF MOTHER

Emma Short

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

California Mo.

14.

INFORMANT (Address)

L. R. Hardiman

15.

FILED

8-2-28

J. W. Bedford

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

7-31-1928

17.

I HEREBY CERTIFY That I attended deceased from July 29<sup>th</sup> 1928 to July 31<sup>st</sup> 1928 that I last saw him alive on July 31<sup>st</sup> 1928, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS

Hemorrhage from traumatic injury caused from being run over by automobile on State highway in Calhoun Co. July 29<sup>th</sup> 1928

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 7/30/28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. J. [Signature] M. D.

(Address) Jefferson City 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

DATE OF BURIAL

California Mo.

8-2-1928

20. UNDERTAKER

ADDRESS

E. P. Heinrichs

26 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.

