

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.

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

Do not use this space.

FEB 15 1937

89

1. PLACE OF DEATH

County Barry
Township Exeter
City Wayne (No., St. Ward)

Registration District No. 34
Primary Registration District No. 6239

File No.
Registered No. 1

2. FULL NAME

Amanda Ellen Hardwick

(a) Residence, No. St. Ward. Golden, MO
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Albert Hardwick
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, 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) Flemore County
(STATE OR COUNTRY) Kentucky

13. NAME James Dickson

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Golden

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Minnie Cassetty
(ADDRESS) Wayne, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Viney DATE Jan. 8, 1937

19. UNDERTAKER Koon Funeral Home
(ADDRESS) Cassville, Mo.

20. FILED Jan. 12, 1937 Wm. H. P. Searcy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1936, to Jan 7, 1937

I last saw him alive on Dec. 12, 1936. Death is said

to have occurred on the date stated above, at 8: A.m.

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

Date of onset

Cerebral Embolus

Other contributory causes of importance:

Chronic Bronchitis
✓ Nitral Disease

Name of operation Date of

What test confirmed diagnosis? Was there a autopsy?

23. If death was due to external causes (violence), state 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? 2

If so, specify

(Signed) Wm. H. P. Searcy(Address) Cassville, Mo.

