

91A-17

Death Cert Benton Co 1915

1/2 - 12/29

Every item of information should be carefully supplied. Ages should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<p>1 PLACE OF DEATH County <u>Benton</u> Township _____ or Village _____ or City <u>Cowallis</u> No. _____ St.; Ward _____</p>				
<p>2 FULL NAME <u>John Hardenburger</u></p>				
3 SEX <u>Male</u>	4 COLOR OF RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH <u>Jan 28</u> , 191 <u>5</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>unknown</u> , 1 <u>857</u> (Month) (Day) (Year)			17 I Hereby Certify, That I attended deceased from <u>Jan 25</u> , 191 <u>5</u> , to <u>Jan 28</u> , 191 <u>5</u> , and that death occurred, on the date stated above, at <u>2:30 P</u> m. The CAUSE OF DEATH* was as follows: <u>Nephritis -</u> <u>Several months -</u> (Duration) : yrs. mos. ds.	
7 AGE <u>57</u> yrs. mos. ds.	8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>farmer</u> (b) General nature of industry, business or establishment in which employed (for employer)		Contributory (Secondary) (Duration) : yrs. mos. ds. (Signed) <u>W. J. Johnson</u> M. D. (Address) <u>Cowallis Or</u>	
9 BIRTHPLACE (State or country) <u>Iowa</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
10 NAME OF FATHER <u>F S Hardenburger</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death : yrs. mos. ds. In the State : yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	
11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>			19 PLACE OF BURIAL OR REMOVAL <u>Auburn</u> DATE OF BURIAL <u>2/3</u> , 191 <u>5</u>	
12 MAIDEN NAME OF MOTHER <u>Mary Ruthford</u>			20 UNDERTAKER <u>MS Boore</u> ADDRESS <u>Cowallis</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Indiana</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>C C Hardenburger</u> (Address) <u>Cowallis</u>				
15 Filed _____ 191____ Registrar				