

STATE OF IOWA

Form V. S. D. - 100,000-7-1-06

CERTIFICATE OF DEATH

STATE OF IOWA - Department of Vital Statistics

50299700

1. County of <u>Montgomery</u>		[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]	
2. Township of <u>Red Oak</u>			
3. City or Town of <u>Red Oak</u>		Ward <u>3rd</u>	
4. FULL NAME <u>C. N. Harding</u>			
5. SEX <u>Male</u>	6. COLOR <u>White</u>	17. DATE OF DEATH	
		<u>Oct 28 1909</u> (Month) (Day) (Year)	
7. DATE OF BIRTH <u>Jan 24 1822</u> (Month) (Day) (Year)		I HEREBY CERTIFY, That I attended deceased from <u>June 11 1909</u> to <u>Oct 28 1909</u>	
8. AGE <u>87</u> Years <u>9</u> Months <u>4</u> Days		that I last saw him alive on <u>Oct 28 1909</u>	
9. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widower</u>		and that death occurred, on the date stated above, at <u>2</u>	
10. BIRTHPLACE (State or Country) <u>Brooksville, Ind.</u>		18. <u>B</u> M. The CAUSE OF DEATH was as follows: <u>Paresis and gradual exhaustion attendant upon Valvular disease of heart</u>	
11. NAME OF FATHER <u>John Harding</u>		(Duration) Days	
12. BIRTHPLACE OF FATHER (State or Country) <u>Virginia</u>		Contributory	
13. MAIDEN NAME OF MOTHER <u>Jane Cloud</u>		(Duration) Days	
14. BIRTHPLACE OF MOTHER (State or Country) <u>Kentucky</u>		19. (Signed) <u>J. B. [Signature]</u> M. D.	
15. OCCUPATION <u>Retired</u>		20. (Address) <u>Red Oak</u>	
21. SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.			
Former or Usual Residence <u>Red Oak</u> How long at Place of Death? Days			
Where was disease contracted, if not at place of death?			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		22. PLACE OF BURIAL OR REMOVAL <u>Red Oak Cemetery</u>	
23. (Informant) <u>H. W. [Signature]</u>		23. DATE OF BURIAL <u>Oct 29 1909</u>	
(Address) <u>Red Oak</u>		24. UNDERTAKER <u>John Thomas 944</u>	
		25. ADDRESS <u>Red Oak</u>	

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

NOV 22 2000

DATE ISSUED
50299700
FORM #58-03265 (1967)

Thomas J. Vilsack
GOVERNOR, STATE OF IOWA
Sally J. Pederson, Lt. Governor

David J. Fries
DEPUTY STATE REGISTRAR
David J. Fries

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