

County Bath Registration District No. 3-2
City Salt Lick Primary Registration District No. 4085
St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isaac Hardin
(a) Residence No. _____ 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. New born in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
1 SEX Male 4 COLOR OR RACE White 5 Single Widowed
Married _____
Widowed _____
Divorced _____
(Write the word)
6a If married, widowed, or divorced
HUSBAND of Sarah Ann Hardin
(or) WIFE of _____
7 DATE OF BIRTH about (Month) (Day) (Year)
87 yrs. mos. ds. if less than 1 day hrs. or min?
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) (State or country) Kentucky
PARENTS
10 NAME OF FATHER Isaac Hardin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Nancy Cross
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 (Informant) Joe Baldy
(Address) Salt Lick, Ky

15 Filed 3/25 1930 Registrar

MEDICAL CERTIFICATE OF DEATH
14 DATE OF DEATH March 20 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I signed on said Hardin
that I last saw him on 3/4 1930
and that death occurred on the date stated above at _____
The CAUSE OF DEATH* was as follows:
Very weak heart caused by
Inflammatory Rheumatoid
4 to 5 years ago
(Duration) _____ yrs. mos. ds.

Contributory (Secondary) _____
(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? Not known

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none
(Signed) St. John M. D.
3/4 1930 (Address) Salt Lick, Ky

*State the Disease Causing Death, or, in cases from violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL March 22 1930

20 UNDERTAKER Barnes & Harman ADDRESS Salt Lick, Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
REASONABLY REVERSED FOR REVISIONS
16. Every item of information should be accurately 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. See instructions on back of certificate.