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

Do not use this space.

23130

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hosp. #2 St. ..... Ward)

File No. .....

Registered No. 6824

2. FULL NAME (J. W.) Hart James W.

(a) Residence (Usual place of abode) No. 1110 N. 20th St. St., 21 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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: Negro

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) Jan. 23, 1927

7. AGE: Years 0 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Nev

PARENTS

10. NAME OF FATHER: not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known

12. MAIDEN NAME OF MOTHER: Alice Hart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss

14. INFORMANT: Anna F. Woodard (Address) City Hospital #2

15. FILED JUL 27 1927, 19..... Max C. Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1927

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1927, to July 26, 1927 that I last saw him alive on July 26, 1927 and that death occurred, on the date stated above, at 4:40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

Primary

109 H

(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? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) L. S. Howell, M. D

, 19 (Address) City Hosp. #2

*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: Greenwood cemetery

DATE OF BURIAL: July 28th 1927

20. UNDERTAKER: A. L. Beal

ADDRESS: 2126 Lucas Ave.

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.