

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

Do not use this space.

35013

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *3712 Olive St*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **10161**
St. Ward)

2. FULL NAME

Edla J. Hart
(a) Residence. No. *Carthage Mo* St. *18* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ernest A. Hart*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct. 29 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
52 *—* *15*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housework* ¹²⁴⁰
(b) General nature of industry, business, or establishment in which employed (or employer) *921*
(c) Name of employer *956*

9. BIRTHPLACE (CITY OR TOWN) *Jessville*
(STATE OR COUNTRY) *Ill*

10. NAME OF FATHER *Jos. M. Bates*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Boston*
(STATE OR COUNTRY) *Mass*

12. MAIDEN NAME OF MOTHER *Henrietta Bonell*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Jessville*
(STATE OR COUNTRY) *Ill*

14. INFORMANT *E. A. Hart*
(Address) *Carthage Mo*

15. FILED *Nov 14 1927* *Marb Starkeoff*
19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11-13-1927*

17. I HEREBY CERTIFY, That I attended deceased from *Friday*
Sept 11 1927, to *13th Nov* 1927
that I last saw him alive on *Nov 13* 1927, and that death occurred, on the date stated above, at *3:55 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS: ¹
Chronic Interstitial Hepatitis
(Cirrhosis) non alcoholic

(duration) *3* yrs. *7* mos. *—* da.
1226 *Ascites + organic*
CONTRIBUTORY (SECONDARY) *Heart Disease*
(duration) *4* mos. *—* da.
Regurgitation

18. WHERE WAS DISEASE CONTRACTED *Carthage Mo*
IF NOT AT PLACE OF DEATH? *no.*

19. DID AN OPERATION PRECEDE DEATH? *no.* DATE OF _____

20. WAS THERE AN AUTOPSY? *no.*
WHAT TEST CONFIRMED DIAGNOSIS? *Physical signs*
(Signed) *Charles H. H. Jones, M.D.*
11/13 1927 (Address) *3712 Olive St St. Louis Mo*

*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 *Carthage Mo* DATE OF BURIAL *Nov 14 1927*

20. UNDERTAKER *Wm. F. Paschedag* ADDRESS *2825 70 Second St*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

