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.

JAN 19 1928

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

Do not use this space.

37661

1. PLACE OF DEATH

County Newton Registration District No. 608

Township E. Franklin Primary Registration District No. 5807

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 23.

2. FULL NAME William Pollard Hart

(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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Eva Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	1	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER John Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't Know

14. INFORMANT Eva Hart
(Address) Fairview Mo

15. FILED Dec 15, 1927 L. N. Parnell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 ~~to~~ ....., 1927, to Dec 14, 1927, that I last saw him alive on Dec 14, 1927, and that death occurred, on the date stated above, at ~~[illegible]~~ 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131

137 (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Prostatitis

..... (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. A. Russell M. D

12-15, 1927 (Address) Fairview 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	DATE OF BURIAL
Dice Cemetery	12-15 1927

20. UNDERTAKER	ADDRESS
Bigham's	Mosho