

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

Do not use this space.

20176

1. PLACE OF DEATH

County Clay
Township Gallatin
City North Kansas City

Registration District No. 197
Primary Registration District No. 5276

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Nancy Ann Hart

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (if nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF widow John Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19th 1841

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, ____ hrs. or ____ min.
86 | 10 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) MO

PARENTS

10. NAME OF FATHER Andrew Jackson

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

12. MAIDEN NAME OF MOTHER Mary Jamison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

14. INFORMANT Earl Simms
(Address) North Kansas City, MO

15. FILED June 28 1928 W. H. Wagg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1928
17. I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to June 2, 1928 that I last saw _____ alive on June 2, 1928, and that death occurred, on the date stated above, at 9:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apts. Dilatation of heart. Rapid work
118c
95B (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Apts. gastric int.
renal vomiting (duration) _____ yrs. _____ mos. 1/2 da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs
(Signed) R. O. ..., M. D.
6-4, 1928 (Address) North Kansas City

*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 Lawson, MO DATE OF BURIAL 6/6 1928

20. UNDERTAKER Morton & Co ADDRESS No. 40, MO

K. 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.

