

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

Do not use this space.

EP 27 1928

1. PLACE OF DEATH

County Vernon
Township Central
City Nevada

Registration District No. 875
Primary Registration District No. 3039

File No. 29522
Registered No. 210
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 218 N. Adams St., 1 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 1/2 159

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(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) Nevada Missouri

10. NAME OF FATHER Egart Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Pias Springs Missouri

12. MAIDEN NAME OF MOTHER Mildred Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Rich Hill Missouri

14. INFORMANT (Address) Egart Hart Nevada Mo

15. FILED 9/10 28 E. R. Weiss REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, 19____, that I last saw him/her on Aug 16, 1928, and that death occurred, on the date stated above, at 2:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity - Twin of 6 1/2 to 7 months gestation (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 161A IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DISEASE? (Signed) E. R. Weiss M. D.

(Address) Nevada 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 Cliff Cemetery DATE OF BURIAL 8/17 1928

20. UNDERTAKER Ferry Funeral Home Nevada

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.

