

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.

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

Do not use this space.

39180

**1. PLACE OF DEATH**

County Sullivan  
 Township Osgood  
 City Osgood (No. ....)

Registration District No. 82-4  
 Primary Registration District No. 4520

File No. ....  
 Registered No. 2  
 St. .... Ward)

**2. FULL NAME**

Delilah Jane Hart

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode)  
 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, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF A J Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6-1855

7. AGE	YEARS	MONTHS	DATE	IF LESS than 1 day, .... hrs. or .... min.
	73	4	3	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (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) Merion Co Mo

10. NAME OF FATHER John J. Cobry

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

12. MAIDEN NAME OF MOTHER Susan Reddy

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

14. INFORMANT A. M. Hart  
 (Address) Osgood Mo

15. FILED 11/12 1928 R. J. Jones  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1928, to 11-9 1928, that I last saw h. .... alive on 11-8 1928, and that death occurred, on the date stated above, at 11:40 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis chronic.  
95A 90B  
 (duration) 10 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Heart Block  
 (duration) 10 yrs. .... mos. .... da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) U. C. Weston, M. D.  
11-10-1928 (Address) Salt 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 Campground, Can. Osgood Mo DATE OF BURIAL Nov 12 1928

20. UNDERTAKER R. J. Jones ADDRESS Salt Mo

