

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

Do not use this space.

365

1. PLACE OF DEATH

County Zuechenon  
Township St Joseph  
City St Joseph

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 126  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Wathens Kans  
(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 Ma 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 4 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(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) Wathens Kans

10. NAME OF FATHER Wm Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co Mo

12. MAIDEN NAME OF MOTHER Jennie Madigan

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

14. INFORMANT Amelia Hart

15. John E. Hart REGISTRAR

FILED 29 1929

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 29, 1929, that I last saw him alive on Jan 28, 1929, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Constriction of small intestine  
1297 B

CONTRIBUTORY (SECONDARY) Nothing

18. WHERE WAS DISEASE CONTRACTED 11810  
IF NOT AT PLACE OF BIRTH \_\_\_\_\_

19. WAS THERE AN OPERATION PRECEDE DEATH? yes DATE OF Jan 28/29

WHAT TEST CONFIRMED DIAGNOSIS, Autopsy  
(Signed) W. H. White, M. D.

1-29, 1929 (Address) St. Joseph, 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 Wathens Kans DATE OF BURIAL 1/31 1929

20. UNDERTAKER Heenan Funeral Home ADDRESS 1708 Franklin

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

N. E.—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.

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1929

