

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

Do not use this space.

1540

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 511 St. 11 Ward)

Registration District No. 399
Primary Registration District No. 11 2002

File No. 101
Registered No. 101
St. 11 Ward

2. FULL NAME

Benjamin Randall Hart, Jr.
(a) Residence. No. 511 St. 11 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR ENFORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
7 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Benjamin R. Hart, Jr.

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

12. MAIDEN NAME OF MOTHER Gladys Drayliger

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

14. INFORMANT Benjamin R. Hart, Jr.
(Address) 511 ORK 11 St.

15. FILED Jan 11, 1929 M. M. Cramer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Jan 10, 1929
that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at 3:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A Postman
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) 107A Postman
(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry M. Kelly, M. D.
11, 1929 (Address) 616 The Arcade

*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 1/11/ 1929

20. UNDERTAKER Freeman Mortuary ADDRESS 424 12th St.

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.

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

48
10
9

1
2
2

616 Apple Blossom