MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 399

Do not use this space.
27885
3577

1. PLACE OF DEATH
County Jackson Registration District No. 1002 File No.
Township Raw Primary Registration District No. Registered No.
City Kansas City (No. 1323 Garfield St. Ward)

2. FULL NAME Richard Hart
(a) Residence. No. 1323 Garfield St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	Col.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1890.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Porter.
(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) Louisiana

PARENTS
10. NAME OF FATHER Richard Hart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) La.
12. MAIDEN NAME OF MOTHER Mary Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) La.

14. INFORMANT Alberta Hart
(Address) 1323 Garfield

15. FILED 8/22, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/17 1929.

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1929, to Aug 17, 1929, that I last saw h... alive on Aug 16, 1929, and that death occurred, on the date stated above, at 5:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary T.B.
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY)
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) J. C. Hutchison, M. D.
Aug 21, 1929 (Address) 1014 Woodland

*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	DATE OF BURIAL
Gibbs Land Co.	8/23, 1929
20. UNDERTAKER	**ADDRESS**
Hatkins Bros	1729 Lydia

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.

J. C. Unthank.