

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

Do not use this space.

40627
5032

1. PLACE OF DEATH U.S.V.Hosp.

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. U.S. Veterans Hosp)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME HART, Elza Benton

(a) Residence. No. Princeton, Missouri. St. _____ Ward. Pvt. 1/c Co K 69th Inf.
(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 Male 4. COLOR OR RACE White 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) Jan. 26, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>10</u>	<u>11</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Princeton
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records.
(Address) K. C. Mo

15. FILED 11/7 29 M M Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 7 19 29

17. I HEREBY CERTIFY, That I attended deceased from November 29, 1929, to December 7, 1929, that I last saw h. in alive on December 7, 1929 and that death occurred on the date stated above, at 1:15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Tubercular, lower part upper lobe, & a portion of the lower lobe.

(duration) yrs. mos. 3 ds.
Diabetes Mellitus; Tuberculosis
CONTRIBUTORY Pulmonary, advanced, active.
(SECONDARY) (1) 1 year or more.
(2) 1 year or more. yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS Phys. Exam. Lab. & X-ray
W. E. Chambers, M. D.
S. E. U. S. V. Hospital, Kansas City, 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 Princeton Missouri DATE OF BURIAL 12-10 1929

20. UNDERTAKER Melody Mc Gilly Funeral Home Inc ADDRESS Kansas City, Mo.

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.

