

APR 30 1930

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

Do not use this space.

8527

1. PLACE OF DEATH

County HOWELL
Township "
City MOODY (No.)

Registration District No. 384
Primary Registration District No. 555

File No. 79
Registered No.
St. Ward)

2. FULL NAME ANDY LEROY HART

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 10 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan., 29, 1882

7. AGE YEARS 48 MONTHS 1 DAYS 22 IF LESS than 1 day, hrs. or min.

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

10. NAME OF FATHER John Hart.

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

12. MAIDEN NAME OF MOTHER Mary Brown.

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

14. INFORMANT Mrs. Hattie Hart. (Address) Moody, Mo.

15. FILED 3-22-30 O.M. Neirich, REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21st 19 30

17. I HEREBY CERTIFY That I attended deceased from Mch. 17th 19 30 to Mch. 21st 19 30 that I last saw him alive on Mch. 21st 19 30, and that death occurred, on the date stated above, at 9:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, Pul. Chronic.
3/23/23
3/23/23
(duration) 2 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Haemorrhage, pulmonary.
(duration) yrs. mos. 7 da.

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

19. DID AN OPERATION PRECEDE DEATH... NO. DATE OF ..

20. WAS THERE AN AUTOPSY... No.

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) A. S. ... M. D.
3/22/1930 (Address) West Plains, 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 Moody Mo. DATE OF BURIAL 3/23/ 1930

20. URDERTAKER Hal Thompson ADDRESS West plains

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

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.

PARENTS

