MAY 28 1930

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

Do not use this space.

13804

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.

93 4

1. PLACE OF DEATH
County St Louis County — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 4468 — Registered No.
City Ferguson (No. 115, Powell Ave. St. Ward)

2. FULL NAME Bernice Foss Hart

(a) Residence. No. 115 Powell St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 9 mos. 20 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 - 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	10	1	

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

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

PARENTS
10. NAME OF FATHER Frank D. Foss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass
12. MAIDEN NAME OF MOTHER Belle Copeland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Houston
(STATE OR COUNTRY) Missouri

14. INFORMANT George Hart
(Address) 115 Powell St.

15. FILED 5/7/ 1930 Ferguson Mo. H. H. Schulte M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1930, to April 1st, 1930, that I last saw h. alive on March 31, 1930, and that death occurred, on the date stated above, at 1 15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pericarditis
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? All Tests
(Signed) J. A. Brennan, M. D.
4/3, 1930 (Address) 4267A Manchester Ave.

*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
Valhalla Cem	April 4 1930
20. UNDERTAKER	ADDRESS
C. R. Lupton	4449 Olive St

4269 Manchester

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