

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.

NOV 26 1930

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

Do not use this space.

33716

1. PLACE OF DEATH

County Pemiscot  
Township Pemiscot  
City Light, N.J. (No. .... St. .... Ward)

Registration District No. 691  
Primary Registration District No. 5-863

File No. ....  
Registered No. 141

2. FULL NAME James Hart

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) mar 23 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 77- 7- 6

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

PARENTS  
10. NAME OF FATHER Riley Presley  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill  
12. MAIDEN NAME OF MOTHER Miss Hughes  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT E. W. Hart  
(Address) Senath mo R 1

15. FILED Nov 10 1930 Ada Martin REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-29 1930

17. HEREBY CERTIFY, That I attended deceased from 10-24, 1930, to 10-29, 1930 that I last saw h. e. alive on 10-24, 1930, and that death occurred, on the date stated above, at 9.45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senath  
162  
Death (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 164 (duration) .... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) T. S. Cooper M. D.

Oct. 30 1930 (Address) Quater 4'

\*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  
Senath mo R 1 10-30 1930  
one Grub Cem

20. UNDERTAKER ADDRESS  
Human and Co Stuils mo

7

0