

MAR 25 1937

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

Do not use this space.

5356

1. PLACE OF DEATH

County Iron
Township Cascade
City Pilot Knob (No.)

Registration District No. 392
Primary Registration District No. 4231

File No.
Registered No. 3
St. Ward

2. FULL NAME

William Hart

(a) Residence. No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Betty Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Former
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Francois Co., Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Michael Hart

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

12. MAIDEN NAME OF MOTHER Rachel League

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

14. INFORMANT Mr. W. H. Sutton
(Address) Banner No.

15. FILED Feb 19, 1937 Lizzie J. Effinger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1931

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to July 18, 1931, that I last saw him alive on July 18, 1931, and that death occurred, on the date stated above, at 3:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Catarrhal Pneumonia

10 1/2
16 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY Advanced age
(SECONDARY)

(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? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward R. G. Bamhurst M. D.

, 19 (Address) Dr. Barton no

*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

Pilot Knob Mo. Feb 19 1931

20. UNDERTAKER

ADDRESS

N. R. White & Son Dr. Barton

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.

