

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

Do not use this space.

7981

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **2073**

City.....

St. Louis Mo. City Hospital #2

File No.

2352

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence. No. **3150 W. Easton** St., **21** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** 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

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED --

HUSBAND OF (OR) WIFE OF

Lucy Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *5-1-1876*

7. AGE

YEARS *54*

MONTHS *9*

DAY *18*

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer 90%

(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)

Missouri

10. NAME OF FATHER

Amos Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va

12. MAIDEN NAME OF MOTHER

Julia unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va

14. INFORMANT

(Address)

A. Gertrude Greath City Hosp #2

15. FILED

FEE 21 1933

Max C. ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-19-1931*

17. I HEREBY CERTIFY, That I attended deceased from *1/28* 19*31* to *2/19* 19*31* that I last saw him alive on *24/19/31* and that death occurred, on the date stated above, at *11:37* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHR MYOCARDITIS

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

936 (duration) *2* yrs. mos. ds.

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF *1*

WAS THERE AN AUTOPSY? *NO*

WHAT TEST CONFIRMED DIAGNOSIS

Clinical - Lab.

(Signed) *Nearby Hampton*, M. D.

2/19 19*31* (Address) *City Hosp #2*

*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

Greenwood

Feb. 22 1931

20. UNDERTAKER

ADDRESS *10034*

G. W. Bruce Garrison

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.

