

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

Do not use this space.

**1. PLACE OF DEATH**

County Bates  
Township Rockville  
City Rockville (No. ....)

Registration District No. 54  
Primary Registration District No. 4032

File No. 27470  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Thurlow Eliza 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 19 yrs. .... mos. .... 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 Mary Katon Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/4-1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>51</u>	<u>1</u>	<u>17</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Brimfield Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac Newton Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dist. known  
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary McQuinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dist. known  
(STATE OR COUNTRY) Penn.

14. INFORMANT Mrs. Mary Hart Sr.  
(Address) Rockville, Ohio

15. FILED Aug. 16 1931 Mr. H. B. Freeman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1931, to Aug. 15, 1931, that I last saw him alive on Aug. 11 1931, and that death occurred, on the date stated above, at 8:11:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stomach, 122 B  
172 B, 118 C  
36 hours  
CONTRIBUTORY Gastric Stasis, constipation  
(SECONDARY) many years

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. D. Freeman, M. D.  
(Address) Rockville, 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 Rockville Cem. DATE OF BURIAL Aug 17 1931

20. UNDERTAKER H. A. Walker ADDRESS Rockville

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.

SEP 21 1931

