WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

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

Do not use this space. 43244

1. PLACE OF DEATH
County Worth Registration District No. 6211 File No. 32
Township Allen Primary Registration District No. 903 Registered No. 32
City Allendale (No. ..... St. ..... Ward)

2. FULL NAME Ralph J. Hart
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Theo Hart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 7, 1894
7. AGE: YEARS 37 MONTHS 11 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): Dec 23 1931
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allendale, Mo.

FATHER
13. NAME: Edward Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allendale Mo.

MOTHER
15. MAIDEN NAME: Minnie Goteel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allendale Mo.

17. INFORMANT: Edward Hart
(ADDRESS): Allendale Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fletchall Cem DATE Jan 1 1931

19. UNDERTAKER: Arch C. Dunfee
(ADDRESS): Grant City Mo.

20. FILED Dec 31 19 ..... John Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1931, to Dec 30 1931
I last saw h..... alive on Dec 30 1931. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows: Date of onset
Septic Lobar Pneumonia
right middle lobe
108

Other contributory causes of importance:
Asthma

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John Andrews, M. D.
(Address) Grant City Mo