

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.

APR 25 1932

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

Do not use this space.

7803

1. PLACE OF DEATH

County Clas
Township Liberty
City Liberty (No.)

Registration District No. 201
Primary Registration District No. 3012

File No.
Registered No. 30
St. Ward)

2. FULL NAME

William Thomas 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1926

7. AGE YEARS 5 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Thomas B. Hart, Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs, Mo

MOTHER 15. MAIDEN NAME Thelma Barnes Chandler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Thomas B. Hart (ADDRESS) Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 3/27-32

19. UNDERTAKER (ADDRESS) Church-Walbyco Liberty, Mo

20. FILED APR 10 1932 W. J. Wysocki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 P.M. March 25, 1932 to 3:45 a.m. March 26, 1932

I last saw him alive on March 26, 1932 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 3/25/32

Other contributory causes of importance: none

Name of operation (D) Date of

What test confirmed diagnosis? Was there an autopsy?

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? no

If so, specify no

(Signed) W. J. Wysocki, M. D.

(Address) Liberty, Mo

