

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.

White Oak Cemetery, Mount Rose, Mo.

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

Do not use this space.

12923

49-5-7
MAY 5 1932

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. 1517, S. Harrison) St. _____ Ward _____

File No. _____
Registered No. _____

FULL NAME

(a) Residence, No. _____ St. _____ Ward. Mount Rose Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca Cannon Hart</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 15-1855</u>					
7. AGE YEARS <u>77</u>		MONTHS <u>0</u>		DAYS <u>9</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
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) <u>Mount Rose Mo</u>					
13. NAME <u>Ashol Hart</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>n. c.</u>					
15. MAIDEN NAME <u>Verlinda Nambough</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>					
17. INFORMANT (ADDRESS) <u>Mrs. Ora M. Shoemaker Carthage Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Rose Mo</u> DATE <u>4/26</u>					
19. UNDERTAKER (ADDRESS) <u>Werner - Drake Carthage Mo.</u>					
20. FILED <u>Apr 26 1932</u> <u>P. H. Tetcham Registrar.</u>					

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to April 24, 1932
I last saw him alive on April 24, 1932 Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset April 23
Chronic Myocarditis
Other contributory causes of importance:
1930
1915
1930
1930

Name of operation _____ 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? _____
If so, specify _____
(Signed) H. E. Byrd, M. D.
(Address) Carthage, Missouri

