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 1932

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

Do not use this space.

25498

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 344

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Donald Leroy Hart

(a) Residence, No. 614 Hardin St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 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): Aug. 12, 1916

7. AGE: YEARS 16 — MONTHS 0 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Freshman, High School.

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): St. Joseph, Mo.

FATHER

13. NAME: Raymond Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waveland, Ind.

MOTHER

15. MAIDEN NAME: Lillian May Slagle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lecompton, Kansas

17. INFORMANT (ADDRESS): Raymond Hart, 614 Hardin St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Memorial Park Cem. DATE: Sept. 3, 1932

19. UNDERTAKER (ADDRESS): Walter Mauchoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: SEP 2 1932 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 31, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1932, to Aug 31, 1932

I last saw him alive on Aug 31, 1932. Death is said to have occurred on the date stated above, at 12.20 P.M.

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

	Date of onset
Acute appendicitis & Post cecal abscess	
1 VIB 1 21	

Other contributory causes of importance: Operated Aug 30-1932

Name of operation: Drained abscess — Date of: Aug 30-1932

What test confirmed diagnosis? Clinical — 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? No

If so, specify

(Signed) Reroi Beck, M. D.

(Address) King Hill Bldg. St. Joseph, Mo.