

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township
City Hartsville, Mo. (No. _____)

Registration District No. 906
Primary Registration District No. 27647

File No. 43955
Registered No. 43955
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Thomas J. Hart _____ Ward _____
(Usual place of abode) Webster County, Mo.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 11 13

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

13. NAME John Hart

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY) 2

15. MAIDEN NAME Almada Trotter

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

17. INFORMANT Cassie Hart (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright County DATE Dec. 23, 1932

19. UNDERTAKER (ADDRESS) 624 N. Walnut St.

20. FILED Dec 20, 1932 Mabel Bear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 10, 1932. I last saw him alive on about Dec 10, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Uremia resulting from Chronic Interstitial Nephritis
18 1/2 yrs.
Other contributory causes of importance: Cardiac Hypertrophy

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) B. E. Latimer, M. D.
(Address) Hartsville, Mo.

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.

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