

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

Do not use this space.

1. PLACE OF DEATH

48
10
9
County Jackson Registration District No. 399
Township Haw Primary Registration District No. 1002
City Haines City No. Mercy Hospital St. 722 (Ward)
2. FULL NAME Charles Hart
(a) Residence, No. 110 So River St. X Ward. Indep 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
7 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Independence, Missouri

FATHER
13. NAME John M. Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Particular, Missouri

MOTHER
15. MAIDEN NAME Julia Spague
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haines City, Missouri

17. INFORMANT (ADDRESS) John M. Hart, 110 So River Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE Feb. 14, 1933

19. UNDERTAKER (ADDRESS) Crown Funeral Home, Independence Mo

20. FILED 2-13 1933 M. M. Crowe Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1933, to 2-12, 1933. I last saw him alive on 2-12, 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Primary Broncho pneumonia
measles
Date of onset

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) D. C. McQuinn, M. D.
(Address) St. Louis, 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.

