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

Do not use this space.

26319

File No. 14.17.

Registered No. 944

1. PLACE OF DEATH

County: Jackson — Registration District No.: 398

Township: Blue — Primary Registration District No.: 3049

City: (No. Lud. Jamieson St. Ward)

2. FULL NAME: William Leonard Hart

(a) Residence, No. Cross Timbers, Mo. 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): Mch-21-1917

7. AGE: Years 16 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Mo

FATHER

13. NAME: Richard E. Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Edith Blake

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

17. INFORMANT: Myrtle Underwood
(ADDRESS) 810 Lee, Mc Cay

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Wash DATE: 8-12-33, 19

19. UNDERTAKER: Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn

20. FILED: Aug 11, 1933 — L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/10/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.... to ..., 19.... I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Infected gunshot wound of the left testicle

Gas gangrene

Date of onset

Other contributory causes of importance:

Name of operation: Exploratory Date of 8/9/33
What test confirmed diagnosis: Bacteriology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-7, 1933
Where did injury occur? Cross Timbers Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Accidentally shot self in leg
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) C. E. Beck M.D.
(Address) Clay DEP. C.O.R.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933