

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.

OCT 20 1933

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

Do not use this space.

30457

1. PLACE OF DEATH

County Pike
Township Portageville
City Portageville (No. 114)

Registration District No. 114
Primary Registration District No. 3869

File No. 30457
Registered No. 30457
St. Portageville Ward 1

2. FULL NAME

(a) Residence, No. 114 St. Portageville Ward 1
(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-31-1933</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>2</u>	DAYS <u>23</u>
If LESS than 1 day, hrs. min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>
	10. Date deceased last worked at this occupation (month and year) <u>Portageville Mo</u>
11. Total time (years) spent in this occupation <u>23</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Portageville Mo

13. NAME Harvey A. Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

15. MAIDEN NAME Lillian Brock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

17. INFORMANT (ADDRESS) Harvey A. Hart18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 10-25-193319. UNDERTAKER (ADDRESS) W. H. Bess, Portageville, Mo.20. FILED 10 19 33 W. H. Bess Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-193322. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Sept 22, 1933I last saw him alive on Sept 22, 1933. Death is said to have occurred on the date stated above, at 3 a.m.The principal cause of death and related causes of importance were as follows:
Cerebral

Date of onset

Other contributory causes of importance:
119B 119D

8. Name of operation 8 Date of 8
What test confirmed diagnosis? 8 Was there an autopsy? 8

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 8 Date of injury 8, 19 33Where did injury occur? 8 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 8
Nature of injury 824. Was disease or injury in any way related to occupation of deceased?
If so, specify 8

(Signed) W. H. Bess M. D.
(Address) Portageville, Mo.

