

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

Do not use this space.

902

**FEB 27 1934**

**1. PLACE OF DEATH**

County Harrison  
Township Hannibal  
City                      (No.                     )

Registration District No. 337  
Primary Registration District No. 5473

File No.                       
Registered No. 2  
St.                      Ward                     

**2. FULL NAME**

Robert Amos Hart

(a) Residence No.                      St.                      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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel Hart Dec,</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec-9-1859</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>17</u>	IF LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-16-1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934 to Jan 16, 1934 that I last saw him alive on Jan 16, 1934, and that death occurred, on the date stated above, at 5:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary Thrombosis (occlusion)

Anteapoplectic  
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)                     

(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Harrison Co  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Griffith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

14. INFORMANT Chas Hart  
(Address) Eagleville Mo

15. FILED Jan 17, 1934 Louis Dunn  
Deputy REGISTRAR

18. WHERE WAS DISEASE CONTRACTED                     

IF NOT AT PLACE OF DEATH                     

19. DID AN OPERATION PRECEDE DEATH? No DATE OF                     

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) W. A. Boyler, M. D.  
1-17, 1934 (Address) Eagleville Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Eagleville Mo  
DATE OF BURIAL 1/18 1934

20. UNDERTAKER Frank Krauer  
ADDRESS Eagleville Mo

Every death certificate should be carefully prepared. No one should be stated as a cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH.

