23-34

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.

AUG 21 1934

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

Do not use this space.

24712

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible]
Township Kan — Primary Registration District No. [illegible]
City Kansas City (No. K.C. General Hospital St. Ward)

File No.
Registered No. [illegible]

2. FULL NAME William Hart
(a) Residence, No. 2741 Mersington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-1880

7. AGE: YEARS 53 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Peddler
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) New York

FATHER
13. NAME William Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Record Clerk K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 7-24-1934

19. UNDERTAKER (ADDRESS) E. L. A. R. Quirk & John K.C. Mo

20. FILED July 22, 1934 M. M. Crowe Assn Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-11-1934 to 7-15-1934
I last saw him alive on 7-15-1934 Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung with Metastasis to Brain
47B
53C
114B

Date of onset

Other contributory causes of importance:
Lung Abscess

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) J. H. Jennett, M. D.
(Address) Supt. Gen. Hosp.

108M-11-24-33

Page 158 - Book 29 1
Wm Roehl bro & Lang
4506 Forest

Survived 1 daughter
Mrs Ralph C Dunbar
McFarland Kansas