SEP 19

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

Do not use this space.

31809

1. PLACE OF DEATH
County: Wright
Township:
City: Mt. Grove (No. ..... St. ..... Ward)

Registration District No. 908
Primary Registration District No. 4549

File No.
Registered No. 46

2. FULL NAME Leonard Owen 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

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) Dec 14 - 1919

7. AGE: Years 14 Months 8 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Wichita Kansas

FATHER
13. NAME Jesse M. Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norwood Missouri

MOTHER
15. MAIDEN NAME Tilda Fletcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norwood Missouri

17. INFORMANT (ADDRESS) Jesse M. Hart Mt. Grove

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Aug 30 1934

19. UNDERTAKER (ADDRESS) –

20. FILED 8-30- 1934 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7 - 1934, to Aug. 29 - 1934
I last saw him alive on Aug. 28 - 1934. Death is said to have occurred on the date stated above, at 3100 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	

Other contributory causes of importance:

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) P. M. Clemmy, M. D.
(Address) Mt. Grove, Mo.

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