

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.

APR 24 1935

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

Do not use this space.

6299

1. PLACE OF DEATH

County Marion
Township Philine
City Philine (No. 6269)

Registration District No. 920
Primary Registration District No. 6269

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day/hrs. or min.
75 2 21 14 hrs. 32 min.

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

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) Harmed 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

13. NAME Jack Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Linnie Inala

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurance

17. INFORMANT (ADDRESS) Henry J. Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Dugginsville DATE Feb 20 1935

19. UNDERTAKER (ADDRESS) Henry J. Jones

20. REGISTRAR Mary F. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1935

22. I HEREBY CERTIFY that I attended deceased from Feb 17 1935 to Feb 20 1935

I last saw him alive on Feb 19 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Paralyze Stroke Date of onset 12:30

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 _____, 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No medical aid

Manner of injury _____ Nature of injury _____

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

(Signed) Henry J. Jones M.D.

(Address) Dugginsville Mo

