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.

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

Do not use this space.

19076

1. PLACE OF DEATH
County Buchanan
Township Wayne
City Hall, Missouri (No. ..... , ... St. ..... Ward)

Registration District No. 86
Primary Registration District No. 5128

File No. .....
Registered No. 49

2. FULL NAME Hart Christopher
(a) Residence, No. Halls 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	5	14	

OCCUPATION
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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

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

17. INFORMANT (ADDRESS) Joseph Christopher Halls Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Curlin Cem. DATE June 17, 1935

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED June 17, 1935 J. G. Bansbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to June 15, 1935
I last saw him alive on June 13, 1935. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral Insufficiency	Several months
Other contributory causes of importance:	
Asthenia	Several months

Name of operation: none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Fenton, Woodson, M. D.
(Address) 216 1/2 W. Mo ave.