

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.

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

Do not use this space.

NOV 25 1935

33380

1. PLACE OF DEATH

County Missouri
Township Jefferson
City St. Louis

Registration District No. 564
Primary Registration District No. 5739A

File No.
Registered No.
St. Ward)

2. FULL NAME

G E A 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genevieve Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1867
7. AGE YEARS 68 MONTHS 7 DAYS 17 If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Malvern

13. NAME James A Hart

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

15. MAIDEN NAME Sarah Ann Henry

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

17. INFORMANT (ADDRESS) Clyde A Hart

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 11-1

19. UNDERTAKER (ADDRESS) Kingston

20. FILED 11-11-1935 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1934, to Oct, 1935

I last saw him alive on Oct 20, 1935 Death is said

to have occurred on the date stated above, at 4 p.m.

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

Pulmonary Tuberculosis Date of onset

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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

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) D H Korman, M. D.

(Address)

