JUL 27 1936

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

Do not use this space.

25069

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6-2-48-B — Registered No. 213

City Jefferson Barracks (No. U.S.VAm. Facility St. Ward)

2. FULL NAME Norment HARE

(a) Residence, No. 722 N. Compton Ave St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wks. How long in U. S., if of foreign birth? un yrs. kno mos. wks.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	colored	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Mattie Hare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	11	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable

10. Date deceased last worked at this occupation (month and year) unavailable

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

12. BIRTHPLACE (CITY OR TOWN) Van Dale
(STATE OR COUNTRY) Arkansas

FATHER

13. NAME Mingo Hare

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Cora Lipkins

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Arkansas

17. INFORMANT M. Schillis
(ADDRESS) U.S.VAm. Facility

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE June 9th, 1936

19. UNDERTAKER Charles C. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED June 8, 1936 V. G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936 to June 3, 1936
I last saw him alive on June 3, 1936 Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis with Gangrene of Ileum	unknown

Other contributory causes of importance:

Phlebitis both lower extremities	unknown

Name of operation Laparotomy with resection ileum Date of 6-3-36
What test confirmed diagnosis? phy.exam.clinical manifestations laboratory 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) C.W. HUGHES, M.D. Chief Medical Officer
(Address) Jefferson Barracks, Mo.