

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

AUG 20 1936

Do not use this space.

26448

1. PLACE OF DEATH

County Jackson
Township Jackson
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 264
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 143 East Street St. 4 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (or) WIFE OF <u>Essie Brewitt Harp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30 - 75</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>7</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate Broker</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to July 25, 1936
I last saw him alive on July 25, 1936 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Chronic Phorobea & Thromb
Date of onset _____

Other contributory causes of importance:
Thromb Phorobea

12. BIRTHPLACE (CITY OR TOWN) Muncie Pleasant Indiana
(STATE OR COUNTRY)

13. NAME Charles H. Harp

14. BIRTHPLACE (CITY OR TOWN) Hackler County Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Barbara J. Morgan

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

17. INFORMANT Mr. Essie Harp
(ADDRESS) 143 East Street St

18. BURIAL, CREMATION, OR REMOVAL
PLACE mt. Washington DATE July 27 1936

19. UNDERTAKER Old Mitchell
(ADDRESS) Independence Morgan

20. FILED 7-30-1936 J. L. Cook
Registrar.

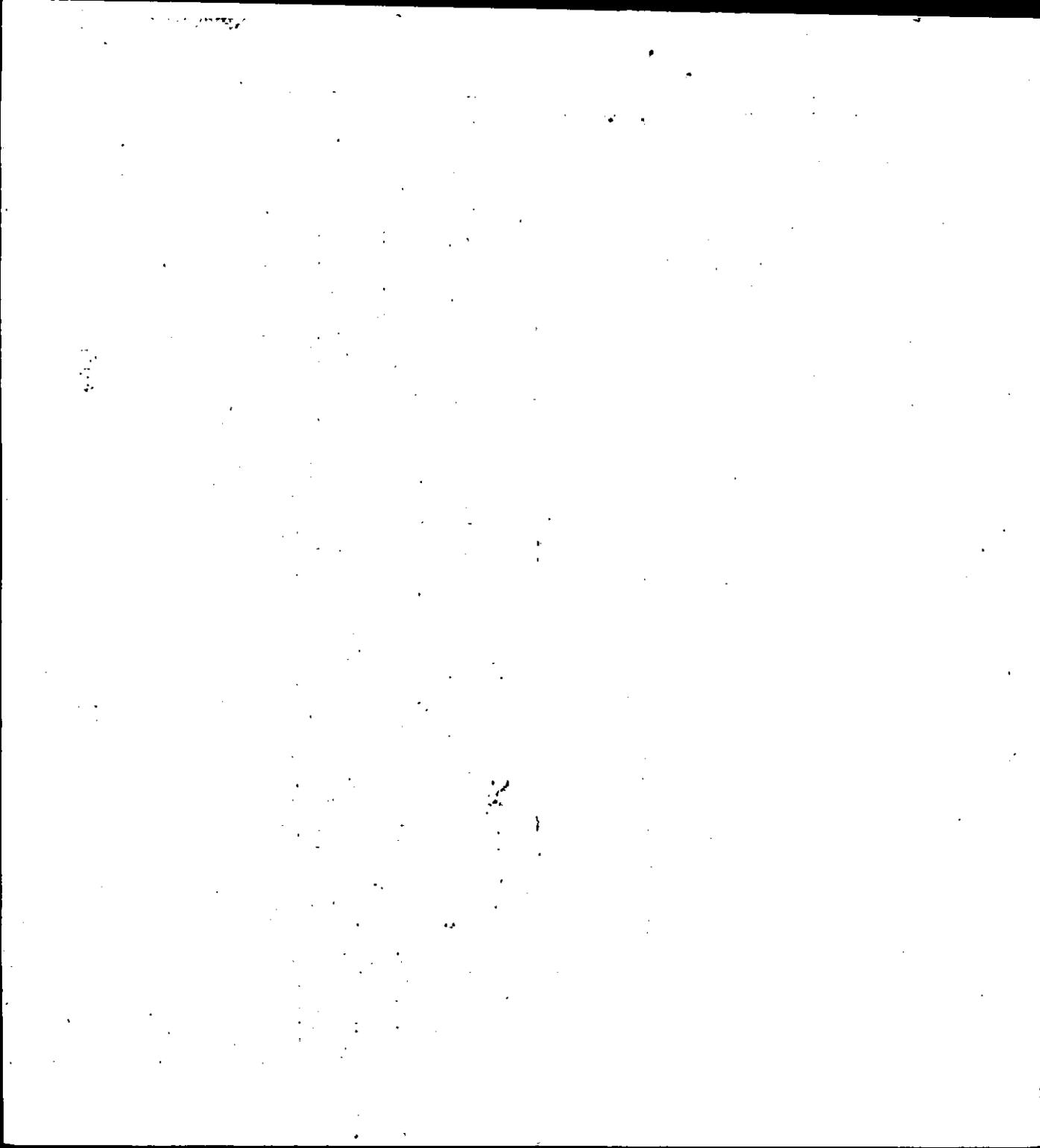
Name of operation _____ Date of _____

Most confirmed diagnosis? 7/25 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) W. S. Morgan, M. D.
(Address) 142 E. Street St



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CERTIFICATE OF DEATH**

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26448

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. 264

Township Independence

Primary Registration District No. 3019

Registered No. _____

City Independence

St. _____ Ward _____

2. FULL NAME

Thomas Braxton 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 Mar (write the word)

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

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

7. AGE YEARS 60 MONTHS 9 DAYS 25 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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 10/23 1936 F. L. Looch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him/her alive on _____, 19____. Death is said

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

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

Chronic Cardiac and Vascular Disease with cerebral Hemorrhage Hypertension

Other contributory causes of importance:

Heart Failure

Name of operation _____ Date of _____

What test confirmed diagnosis? 131 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) Dr. Scholey M. D.

(Address) _____

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.

SUPPLEMENTS

5-20448