

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.

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole  
Township  
City Jefferson City (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. 5580  
Registered No. 76  
St. S Ward

2. FULL NAME Ernest Hart #24758 Missouri State Penitentiary

(a) Residence, No. Jefferson City Mo St. .... Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>Colord</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>No</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 10 1889</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>2</u>	DAYS <u>15</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>
	11. Total time (years) spent in this occupation <u>Unkn</u>

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mo Penitentiary

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE 2/8 1937

19. UNDERTAKER (ADDRESS) Thos G Gordon  
Jefferson City Mo

20. FILED 2/11 1937 W. S. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Fri. Feb. 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th 1937 Feb 5th 1937  
I last saw him alive on Feb 5th 11.15 PM 1937 Death is said to have occurred on the date stated above, at 11.15 PM.

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

Lobar Pneumonia.  
Br. lat.  
Other contributory causes of importance: 100

Name of operation None Date of NO  
What test confirmed diagnosis? ----- 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 W. S. Ford, M. D.  
(Signed) W. S. Ford  
(Address) Prison Physician  
Jefferson City Mo.

