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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City Caruthersville (No. ..... St. ..... Ward)
Registration District No. 661
Primary Registration District No. 4388
File No. 7519
Registered No. 17

2. FULL NAME Willie P Hart
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Mary J. [illegible] Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/11/36
7. AGE YEARS 0 MONTHS 6 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm work
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) Caruthersville Mo.

FATHER
13. NAME Willie Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

MOTHER
15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Well Port Ark

17. INFORMANT (ADDRESS) Mary J. Johnson Caruthersville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mackay City DATE Dec 21, 1936
19. UNDERTAKER (ADDRESS) W. M. Hardrick Caruthersville Mo.
20. FILED March 3, 1937 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-20, 1936
22. I HEREBY CERTIFY, That I attended deceased from 12-20-, 1936, to 12-20-, 1936
I last saw h..... alive on never, 19..... Death is said to have occurred on the date stated above, at 10:17 m.
The principal cause of death and related causes of importance were as follows:
Possible Congenital heart disease.
Date of onset
Other contributory causes of importance:
Was called to see after dead
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
15 [illegible]

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? No
If so, specify .....
(Signed) F. J. Aquino, M. D.
(Address) Caruthersville Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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