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.

JAN 18 1937

1. PLACE OF DEATH
County Clinton — Registration District No. 204 — File No. 19810
Township Shoal — Primary Registration District No. 3013 — Registered No. 18
City Cameron (No. ..... St. ..... Ward)

2. FULL NAME Lueva Mariam DeHart
(a) Residence, No. 723 So Chestnut St., 4th 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L P DeHart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1857
7. AGE YEARS 80 MONTHS 2 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Boone Co. Mo

FATHER
13. NAME John Wycliffe Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Talitha C Sappington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Harrison Jones Cameron Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland Cem DATE May 2 1937
19. UNDERTAKER (ADDRESS) O D Moore Cameron Mo.
20. FILED 5/3 1937 Dr C H Kesley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937, to May 2, 1937
I last saw her alive on May 2, 1937. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
93 C
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 ....., 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) [signature], M. D.
(Address) Cameron Mo