

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Linn Registration District No. 283
 35 Township Buffaloe Primary Registration District No. 5402
 City (No.) St. Ward

2. FULL NAME Sammy Jo 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.

File No. 30585
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 17

OCCUPATION
 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) Cardwell Mo13. NAME Jess Hart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO15. MAIDEN NAME Opal Day16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO17. INFORMANT Jess O. Hart
(ADDRESS) Cardwell Mo Mo 118. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell Cem DATE 7-18-3719. UNDERTAKER (ADDRESS) Wendell L. Mitchell
Garwood Ark.20. FILED 9-8 1937 D. Newsome
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th 1937

22. I HEREBY CERTIFY That I attended deceased from July 10th 1937 to July 10th 1937
 I last saw him alive on July 10th 1937. Death is said to have occurred on the date stated above, at 6:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Allois Calcific
and
Congestion of Brain
 Date of onset

Other contributory causes of importance: 119 B

Name of operation None 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) D. P. Demko, M. D.
 (Address) Pennington Mo.

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.

