

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.

RECD MAR 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

ST JOSEPH MO

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MALE

WHITE

MARRIED

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

MINDA DEHART

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

MAY 5 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

8

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

RETIRED

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)

ALLENDALE MISSOURI

13. NAME

George A DEHART

FATHER

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

ILLINOIS

MOTHER

15. MAIDEN NAME

MARGARET L WILLIAMS

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

ILLINOIS

17. INFORMANT (ADDRESS)

Maude E Inverse

18. BURIAL, CREMATION, OR REMOVAL PLACE

Feb 4 1938

19. UNDERTAKER (ADDRESS)

Andrews

20. FILED

3/8

19

38

Feb

4

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2/2

1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 19 1938, to Feb 2 1938

I last saw him alive on Feb 2 PM 1938 Death is said

to have occurred on the date stated above, at

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

Heart Block

Date of onset

Other contributory causes of importance:

Internal Hemorrhage

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Clinical

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)

Andrews

M. D.

(Address)

Grant City Mo

700
Jou 4-39
2m

70-17-23

1861-8-23

1938-6-16