

SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Wright Registration District No. 906
Township Buck Creek Primary Registration District No. 1021P
City (No. _____) St. _____ Ward _____

File No. 30310
Registered No. 16

2. FULL NAME

Garon Benson Hart 130

(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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1921
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dependent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsville Missouri

13. NAME W. L. Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union County Missouri

15. MAIDEN NAME Lena Austin

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

17. INFORMANT (ADDRESS) Mrs. W. L. Hart Hartsville Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Hartsville Cemetery DATE May 9 1938

19. UNDERTAKER (ADDRESS) Gene E. Haldren Hartsville, Mo.

20. FILED Aug 25 1938 Caryn Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1938, to May 8 1938
I last saw him alive on May 7 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Accident
Wood Saw Injury to Skull Date of onset Feb 28 1938
Other contributory causes of importance: 205 m
11

Name of operation _____ Date of _____
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? No
If so, specify _____
(Signed) J. R. Mott _____ M. D.
Hartsville 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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-38-134

Date Filed 9-20-38