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.

REC'D NOV 25 1938

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

Do not use this space.

36629

1. PLACE OF DEATH
County Reynolds — Registration District No. 747 — File No.
Township Jackson — Primary Registration District No. 5981 — Registered No.
City (No. , St. Ward)

2. FULL NAME Cary Ann Hart
(a) Residence, No. Carridon St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 85 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) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Hart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE 85 YEARS 1853 MONTHS may 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.
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) S

FATHER
13. NAME S
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S

MOTHER
15. MAIDEN NAME Cary Ann Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Knuckles DATE 16 oct 1938
19. UNDERTAKER (ADDRESS)
20. FILED oct 20, 1938 mrs J J Pyrtle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 15 oct. 1938
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw her alive on oct 15, 1938 Death is said to have occurred on the date stated above, at 10 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical 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 15 oct 1938
Where did injury occur? Shannon county (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Two cars -
Nature of injury Car wreck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. R. Pyrtle, M. D.
(Address) Centerville Mo

FEB 28 1958

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

36629
Do not use this space.

1. PLACE OF DEATH
(a) County Reynolds — Registration District No. 747
(b) Township Jackson — Primary Registration District No. 5981 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cary Ann Hart
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1853

7. AGE — YEARS 85 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. Wife
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) Unknown ILL

FATHER
13. NAME James H. BOWMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ILL

MOTHER
15. MAIDEN NAME MARTHA GRAINS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ILL

17. INFORMANT (ADDRESS) Oscar Hart Son Corridon Mo

18. BURIAL, CREMATION, OR REMOVAL CORRIDON
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED Oct 20, 1938 Mrs J G Pyrtle
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

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?
If so, specify
(Signed) J R Pyrtle, M. D.
(Address) Centerville Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.