

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

Do not use this space. 857

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.

**1. PLACE OF DEATH**  
 County Henry Registration District No. 347  
 Township Bethelham Primary Registration District No. 5489A  
 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
**2. FULL NAME** Nellie 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** 7 **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** married

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec 28 1891

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<u>36</u>	<u>0</u>	<u>0</u>	<u>10</u>	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Home Work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Christian Co Missouri

**10. NAME OF FATHER** H.P. Walker

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Don't know

**12. MAIDEN NAME OF MOTHER** Jennings

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Don't know

**14. INFORMANT** Geo Hart  
 (Address) Clinton Mo

**15. FILED** Jan 13 1928 Dr. E. C. Peeler  
 REGISTRAR by J. J.

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 8 1928

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1928, to \_\_\_\_\_ 1928, that I last saw him alive on \_\_\_\_\_ 1928 and that death occurred, on the date stated above, at \_\_\_\_\_ m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Pleuro Pneumonia  
Originated from X-ray  
11 A  
108 - (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** 11 A (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_**  
**20. WAS THERE AN AUTOPSY? \_\_\_\_\_**

**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) Samuel A. Poague M. D.  
1/8 1928 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Bethelham Cem **DATE OF BURIAL** Jan 9 28

**20. UNDERTAKER** Spore Son **ADDRESS** Clinton Mo

