

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

PLACE OF DEATH
County Shannon
Township Blair Creek or Village _____ or City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 1117 File No. 19.7486
Primary Registration District No. 6079 Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Alonzo Hart

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR-DIVORCED (Write the word)	DATE OF DEATH <u>Feb. 7, 1918</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Unknown</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Dropsy</u>	
AGE <u>54. 6. 1</u> yrs. mos. ds.	if LESS than 1 day, _____ hrs. or, _____ min.?	Contributory <u>Unknown</u> (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____ M. D. _____, 191____ (Address)	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE (City or town, State or foreign country) <u>Tennessee</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? <input type="checkbox"/>	
PARENTS	NAME OF FATHER <u>Unknown</u>	Former or usual residence _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Unknown</u>	PLACE OF BURIAL OR REMOVAL <u>Knuckels Cem.</u>	DATE OF BURIAL <u>Feb. 9, 1918</u>
	MAIDEN NAME OF MOTHER <u>Pauline Ann Martin</u>	UNDERTAKER <u>Fetch Hart</u>	ADDRESS <u>Gang Mo.</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Reynolds Co. Mo.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Bert. Hart</u> (ADDRESS) <u>Gang Mo.</u>		Filled _____, 191____, REGISTRAR	

**MISSOURI STATE BOARD
BUREAU OF VITAL STA
CERTIFICATE OF DEA**

PLACE OF DEATH

County.....
 Township..... Registration District No..... File No.....
 or Village..... Primary Registration District No..... Registered No.....
 or City.....(NO.....).....St.:.....Ward)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX.....
 COLOR OR RACE.....
 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH.....(Month).....(Day).....(Year)
 AGE.....yrs.....mos.....ds.
 If LESS than 1 day,.....hrs. or.....min.?

OCCUPATION
) Trade, profession, or
) Particular kind of work
) General nature of industry,
) Business, or establishment in
) which employed (or employer)

BIRTHPLACE
 City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER
 (City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
 (City or town, State or foreign country)

IS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant)

(ADDRESS)

Filed....., 191.....
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH.....
 (Month)

I HEREBY CERTIFY, that I attest
 , 191....., to
 that I last saw h..... alive on.....
 and that death occurred, on the date stated
 The CAUSE OF DEATH* was as follows:

.....

.....(Duration).....yrs.

Contributory
 (SECONDARY).....(Duration).....yrs.

(Signed)..... 191..... (Address).....

*State the Disease Causing Death, or, in deaths fr
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTIT
 RECENT RESIDENTS)
 At place of death.....yrs.....mos.....ds. State.....yr.
 Where was disease contracted
 If not at place of death?

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL

UNDERTAKER