

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

Do not use this space.

4681

1. PLACE OF DEATH

7 County Bates Registration District No. 50
Township St. Pleasant Primary Registration District No. 5074
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

Clay D. 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 male 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 Mrs. Don Hart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 21

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

13. NAME Harvey Nash

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

15. MAIDEN NAME Mary E Duggar

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

17. INFORMANT (ADDRESS) Mrs C. D. Hart
Butler, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cap Hill DATE 2/24 33

19. UNDERTAKER (ADDRESS) Culver
Butler, Mo.

20. FILED 2/24 1933 Nemo & Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1933

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 10 am

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

suicide Date of onset _____

167 167 2/23/33

Other contributory causes of importance:

not known

Name of operation _____ Date of _____

What test confirmed diagnosis? none. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 2/23, 1933

Where did injury occur? at home Bates Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In shed at home near Butler

Manner of injury gun shot wounds

Nature of injury In forehead

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) R. E. Crabtree M. D.

(Address) Coroner Bates Co. 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.

RECORD

1933
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