

REC'D NOV 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Walton
City near Clark (No. _____)

Registration District No. 355
Primary Registration District No. 5498

File No. 35811
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Asahel L. Hart
(a) Residence, No. Henry Co. Missouri Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 8 mos. 24 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 Mary Odessa Hart (OR) WIFE OF Asahel L. Hart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
33 * 12

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) Sept, 24, 1935 11. Total time (years) spent in this occupation 43 yr.

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

13. NAME T. F. Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irish Missouri

15. MAIDEN NAME Julia Long

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

17. INFORMANT Mary Odessa Hart (ADDRESS) Irish Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE 9-29 1938

19. UNDERTAKER Fennerty + Fennerty (ADDRESS) Montrose Mo

20. FILED 9-29 1938 W. E. Baggerly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on about 1 week ago 19____ Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Aethma Date of onset 1933?

ASIA?

Other contributory causes of importance:
Cardiac Dilation 1 yr?

Name of operation _____ Date of _____
What test confirmed diagnosis? Physian 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. S. McDouald M. D.
Irish Mo (Address)

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.

M. J. J.
Miss
McCool

RECEIVED

District Health Officer No. 7,

District File Number 7-38-243

Date Filed 11-4-38