

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

Do not use this space.

**22505**

**1. PLACE OF DEATH**

County Callaway Registration District No. 116  
Township Shamrock Primary Registration District No. 5166  
City Shamrock (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 24

Registered No. 27

**2. FULL NAME** Milo Hart

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kittie Hart</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9<sup>th</sup> 1853</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>	DAYS <u>II</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Montgomery Co Mo</u>				
FATHER	13. NAME <u>George Hart</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Mary J. Hart</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>			
17. INFORMANT <u>Mrs Carter Ham</u> (ADDRESS) <u>Montgomery City Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Point</u> DATE <u>7/21/33</u> , 19 <u>33</u>				
19. UNDERTAKER <u>C.W. Hopkins</u> (ADDRESS) <u>Montgomery City Mo</u>				
20. FILED <u>7/30</u> , 19 <u>33</u> <u>Ethel Armstrong</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20/33, 1933

22. I HEREBY CERTIFY that I attended deceased from From history of case, 1933

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1933. Death is said to have occurred on the date stated above, at 2:30am

The principal cause of death and related causes of importance were as follows:  
Nephrotic Cardiovascular disease  
Arterio Sclerosis.  
(Attending Physician)  
Other contributory causes of importance: Diabetes  
131  
97  
131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1933  
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) C.W. Hopkins, M. D.  
(Address) Montgomery City Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 22 1933  
MUN 2

