

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

Do not use this space.

40812

1. PLACE OF DEATH

County Montgomery

Registration District No. 592

Township

Primary Registration District No. 4350

City Montgomery (No.)

File No.
 Registered No. 10 St. Ward)

2. FULL NAME Missouri K. 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Milo Hart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29 th 1857</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>2</u>	DAYS <u>9</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>House Keeper</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) Big Springs Mo

FATHER 13. NAME Hes Nunnley

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

MOTHER 15. MAIDEN NAME Mary Ann Hall

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

17. INFORMANT Mrs Carter Ham (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point DATE 12/9/33 19.

19. UNDERTAKER C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED Dec. 7 1933 Bule Mearns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7/33 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 33 to Dec 7 19 33

I last saw him alive on Dec 6 19 33 Death is said to have occurred on the date stated above, at I P. M.

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

Carcinoma of Liver Date of onset

Other contributory causes of importance

Name of operation Cholec Date of

What test confirmed diagnosis? Cholec Was there an autopsy? yes

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) E. W. Tisley M. D.

(Address) Montgomery City 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.

JAN 26 1934

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