

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 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Boonville  
Township Lawson  
City Lawson (No. \_\_\_\_\_)

Registration District No. 742  
Primary Registration District No. 5-977a

File No. 26080  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</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>Oct 25-1846</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25-1846</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2</u>	
	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>Lawson Mo</u>		
FATHER	13. NAME <u>John H. Hartman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawson Mo</u>	
	15. MAIDEN NAME <u>Don't know</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	17. INFORMANT (ADDRESS) <u>John H. Hartman</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE <u>July 15 34</u>	
19. UNDERTAKER (ADDRESS) <u>Lawson Mo</u>		
20. FILED <u>July 17 1934</u> <u>Edwin Shouse</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934, to July 13 1934  
I last saw him alive on July 13 1934. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral & general arteriosclerosis & senility  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 7

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Clarence E. Buehler, M. D.  
(Address) Lawson Mo

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