

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

Do not use this space.
FILED DEC 11 1940
39579
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Ray Registration District No. 742
Township Polk Primary Registration District No. 5977
City Lawsan (No. _____)

2. FULL NAME

(a) Residence, No. Ray Co. Mo. Ward. _____
(Usual place of abode) Rural (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 0 26

OCCUPATION 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) Ray County Mo

FATHER 13. NAME J. C. Hartman

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

MOTHER 15. MAIDEN NAME Beletta Daniel

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

17. INFORMANT J. C. Hartman
(ADDRESS) Lawsan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawsan DATE Nov. 22, 1940

19. UNDERTAKER Jarman, Prichard
(ADDRESS) Lawsan Mo.

20. FILED Nov. 22, 1940 E. Edwin Shouse,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1940, to Nov. 20, 1940

I last saw him alive on Nov. 20, 1940 Death is said to have occurred on the date stated above, at 11 P. m.

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

Portal Cirrhosis of Liver
Lues Date of onset _____

Other contributory causes of importance: 34

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) Oletus Buehler, M. D.
(Address) Lawsan 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 importa.

RECEIVED
District Health Officer No. 8.
District File Number.....
Date Filed 12-9-40