

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

Do not use this space.

23083-<sup>0/10</sup>

**1. PLACE OF DEATH**

County Morgan  
Township Haber creek  
City Stover (No. ....)

Registration District No. 919  
Primary Registration District No. H.S. 102

File No. ....  
Registered No. 16  
St. .... Ward)

**2. FULL NAME** Frederick Hartman

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 10 mos. — ds. How long in U.S., if of foreign birth? 78 yrs. 4 mos. 8 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>Married</u>
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**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** (Lida) Edith Hartman

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** December 24<sup>th</sup> 1848

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, <u>6</u> hrs. or <u>30</u> min.</b>
<u>82</u>	<u>6</u>	<u>10</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Farming  
(c) Name of employer self.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Haber Germany

**10. NAME OF FATHER** Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**14. INFORMANT** Lena Hagedorn  
(Address) Stover, Mo.

**15. FILE NO.** July 11 1927 Thos L. Rippinger  
REGISTRAR

**1. MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 5<sup>th</sup> 1926

**17. I HEREBY CERTIFY** That I attended deceased from July 1<sup>st</sup> 1926 to July 5<sup>th</sup> 1926, that I last saw him alive on July 4<sup>th</sup> 1926, and that death occurred, on the date stated above, at 10:30 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterio Sclerosis

**CONTRIBUTORY (SECONDARY)** 97 (duration) 6 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED?** 97

IF NOT AT PLACE OF DEATH? .....

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry Jay Cole, M. D.  
Jan 24 1927 (Address) Stover, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Purmont Mo. **DATE OF BURIAL** July 6<sup>th</sup> 1926

**20. UNDERTAKER** Rapp & Rapp **ADDRESS** Stover, Mo.

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.

1927

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