

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

Do not use this space.

15440

JUN 27 1927

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
 Township..... Primary Registration District No. 2030  
 City Carthage (No.....) (St..... Ward.....)

**2. FULL NAME**

(a) Residence. No. Grand Ave. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Widowed

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

Angelina Hartley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
80 | 3 | 21 | =

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Cedar County  
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Willis Hartley

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

12. MAIDEN NAME OF MOTHER Sally Abens

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

14. INFORMANT M. H. T. Hartley  
 (Address) Carthage, Mo.

15. FILED May 26, 1927. S. B. Child  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1927, to May 26, 1927.  
 That I last saw him alive on May 25, 1927, and that death occurred, on the date stated above, at 9:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Intestinal  
Nephritis

CONTRIBUTORY (SECONDARY) 131 / 129  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. C. Rosen, M. D.  
 , 19 (Address) Carthage, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Park Cemetery May 27, 1927  
 20. UNDERTAKER ADDRESS

Knell mortuary Carthage

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.

