

SEP 28 1927

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

Do not use this space.

24733

1. PLACE OF DEATH

County LacledeRegistration District No. 449Township LecanPrimary Registration District No. 4267City Lecan(No.)File No. 1387Registered No. 1387St. Ward

2. FULL NAME

Mary Hartmiller(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Joseph Hartmiller6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-9-1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

841186

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Abase, France(STATE OR COUNTRY) France10. NAME OF FATHER Anton Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) France12. MAIDEN NAME OF MOTHER Rosena Mettling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) France

14.

INFORMANT

(Address) J. A. HartmillerLecan Mo.

15.

FILED

Aug 17, 1927J. H. Bellamy

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 11 - 1927, to Aug 15 - 1927, that I last saw her alive on Aug 14 - 1927, and that death occurred, on the date stated above, at 9:25 P. m.

46c THE CAUSE OF DEATH* WAS AS FOLLOWS:

122B Peritonitis from infected
129 obstruction in ascending part
of Colon, probably malignant
(duration) yrs. 0 mos. 9 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. B. Herbert, M. D.8-17-1927 (Address) Lecan 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

Catholic Cemetery, Lecan Mo. Aug 18 1927

20. UNDERTAKER

ADDRESS

Pahner Lecan

NOTE.—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.

Information
on plain text

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