MAY 29 1928

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

Do not use this space.

12349

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 409 South 17th. St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No.
Registered No. 461

2. FULL NAME Mary Elizabeth Hartzell,
(a) Residence. No. 409 South 17th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenville,
(STATE OR COUNTRY) Ohio,

PARENTS
10. NAME OF FATHER Jacob Wise,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenville,
(STATE OR COUNTRY) Ohio,
12. MAIDEN NAME OF MOTHER Mary Hardman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greenville,
(STATE OR COUNTRY) Ohio,

14. INFORMANT Mrs Sallie Batson
(Address) 409 South 17th. Street,

15. FILED APR 10 1928 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to April 10th, 1928, that I last saw her alive on April 10th, 1928, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myo-carditis (Chronic) 93C 56B

90B

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism am told

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Auscultation &c
(Signed) H. W. Heaton, M. D
Apl 11, 1928 (Address) St. Joseph 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: Mount Mora Cemetery
DATE OF BURIAL: April 12 1928

20. UNDERTAKER: Heaton Bergole & Bowman by H. W. Hartle
ADDRESS: 319 S. 10 St. Funeral Home

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.