

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

C 28 1928

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

Do not use this space.

34050

1. PLACE OF DEATH
 County LAFAYETTE Registration District No. 460
 Township..... Primary Registration District No. 4272
 City CORDER (No.....) St..... Ward.....

2. FULL NAME JOHN F. HARTWIG SR.
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.....
 Registered No. 86

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MARRIED
Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-2-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 0 23

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

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

10. NAME OF FATHER H. J. Hartwig

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

12. MAIDEN NAME OF MOTHER Mata Meyer

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

14. INFORMANT Fred. H. Hartwig
 (Address) Corder Mo

15. FILED 10-28-28 Basie P. Post
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-25th-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1928, to Oct 25th, 1928 that I last saw him live on Oct 25, 1928, and that death occurred, on the date stated above, at 9:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Bronchial)
107
137
 (duration) yrs. mos. 15 ds.
 CONTRIBUTORY Chronic Prostatitis
 (SECONDARY) (duration) yrs. mos. 15 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) James C. Post M. D.
 (Address) Corder 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 Lutherng Cemetery DATE OF BURIAL Oct-28-1928

20. UNDERTAKER Haugh Meiners Lager ADDRESS St-Jelle

