1929

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

Do not use this space.

15409

1. PLACE OF DEATH
County Moniteau — Registration District No. 575 — File No.
Township Willowfork — Primary Registration District No. 4339 — Registered No.
City Tipton (No. ..... St. ..... Ward)

2. FULL NAME John Hartman
(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 5th 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	11	9	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co. Mo.

PARENTS

10. NAME OF FATHER: Henry Hartman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Josephine Vedemans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Brussels Belgium

14. INFORMANT (Address): Joe. Hartman Tipton Mo.

15. FILED 5-10 1929 Mrs. C. E. Frye REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 4 [illegible], 1929, to April 17, 1929 that I last saw him alive on 4-16, 1929, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia fever
100
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. 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?
(Signed) G. S. Wilson, M.D.
4-17, 1929 (Address) Fortuna

*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: Catholic Cemetery — DATE OF BURIAL: 4/19 1929

20. UNDERTAKER: L. G. Imhoff — ADDRESS: Tipton Mo.