AFB 3 1930

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

Do not use this space.

1. PLACE OF DEATH

County Cass — Registration District No. 152 — File No. 8018

Township Camp Branch — Primary Registration District No. 5216 — Registered No. 3

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Charlotte Fern Hartzler

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	✓	✓	3	

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) Garden City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Marion Noah Hartzler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cass Co. Mo
12. MAIDEN NAME OF MOTHER Beulah Fern Lantz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cass Co. Mo.

14. INFORMANT Marion Noah Hartzler
(Address) Garden City Mo

15. FILED 3/15, 1930 A D Hartzler, REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Febr 28, 1930, to March 3, 1930 that I last saw her alive on March 3, 1930, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage due protracted labor.

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Convulsions

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & physical findings

(Signed) Geo W Griffith, M.D

3/3, 1930 (Address) Garden City 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 Clearfork Cemetary — DATE OF BURIAL 3/4 1930

20. UNDERTAKER A D Hartzler — ADDRESS East Lynne Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.