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

Do not use this space.

22483

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 64

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

2. FULL NAME Mrs. Laura Hartmann

(a) Residence. No. 617 West 5th Street St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1930

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wodwo of David Hartmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	4	24	

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

9. BIRTHPLACE (CITY OR TOWN) Owensville
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Slinkmann

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

12. MAIDEN NAME OF MOTHER Nancy Lincoln

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Gasconade County

14. INFORMANT Levona Triplett. Bullington
(Address) West 5th Street
Washington Mo

15. FILED July 4 1930 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1930, to July 3, 1930 that I last saw her alive on July 3, 1930, and that death occurred, on the date stated above, at July 3 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
(duration) ✓ yrs. ✓ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Unknown
(duration) ..... yrs. ..... mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. Ermankopf M. D.
7/4, 1930 (Address) Washington 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 Removal To Owensville Gasconade Co Mo — DATE OF BURIAL July 7 1930

20. UNDERTAKER Otto & Co. By Geo H Otto Washington Mo — ADDRESS

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.