NOV 3 1930

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

Do not use this space.

1. PLACE OF DEATH
County: St. Louis
Township: Carondelet
City: Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B.

File No. 31043
Registered No. 328

2. FULL NAME James H. Hartley.

(a) Residence. No. 2126 Bellview, Maplewood, Mo. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own 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)
Male.	White.	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Maggie Hartley.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1887

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	43	4	13	

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

9. BIRTHPLACE (CITY OR TOWN): Rochester.
(STATE OR COUNTRY): Illinois.

PARENTS

10. NAME OF FATHER: Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.
12. MAIDEN NAME OF MOTHER: Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.

14. INFORMANT: E. T. Gallagher, Actg. Director.
(Address): Director U.S. Veterans Hospital
Jefferson Barracks, Mo.

15. FILED 10-7 1930 L. C. Orr Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 29 1930

17. I HEREBY CERTIFY, That I attended deceased from February 20, 1930, to September 29, 1930, that I last saw him alive on September 29, 1930, and that death occurred, on the date stated above, at 5:20 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary, chronic. Far Advanced, active.
2.3 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, 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: National Cem
DATE OF BURIAL: 10/2 1930

20. UNDERTAKER: Hoffmeister & Co
ADDRESS: 7814 Gravois Blvd