NOV 3 1930

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

Do not use this space.

31901

**1. PLACE OF DEATH**

County: Taney — Registration District No.: 859 — File No.: 29

Township: Branson — Primary Registration District No.: 6128 — Registered No.:

City: Branson (No. ..... St. ..... Ward)

**2. FULL NAME** Norman Henry Hartzel

(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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1st 1856

7. AGE: Years 74 — Months 5 — Days 9 — If LESS than 1 day, ..... hrs. or ..... min.

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): 0
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Akron Ohio

PARENTS

10. NAME OF FATHER: John D Hartzel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa
12. MAIDEN NAME OF MOTHER: Lydia Serfass
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.

14. INFORMANT: Ralph Hartzel (Address) Branson Mo

15. FILED 9/11 1930 Pa Thornhill REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-10 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1930 to Sept 9, 1930 that I last saw him alive on Sept 8, 1930, and that death occurred, on the date stated above, at 12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia
131
1328
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic Parenchymatous Nephritis (duration) 7 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1329
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Urinary Exam.
(Signed) Guy B. Mitchell M.D
9-12, 1930 (Address) Branson, 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: Walnut Shade Cemetery — DATE OF BURIAL: 9/11 1930

20. UNDERTAKER: ~~Ralph Hartzel~~ None — ADDRESS: Branson

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.