NOV 21 1930

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

Do not use this space. 4

32005

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No.

Township — Primary Registration District No. 4070 — Registered No. 48

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Clarence R. Hartman,

(a) Residence. No. St., Ward. Belvidere, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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	Unknown,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About 70	Unk.	Unk.	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

PARENTS

10. NAME OF FATHER Unknown,

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

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs Mary Brown
(Address) Cherryville, Illinois.

15. FILED Oct 20, 1930 C O Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1930, to Oct 18, 1930 that I last saw him alive on Oct 18, 1930, and that death occurred, on the date stated above, at 2 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
97
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 31 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Dont Know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) S E Mitchell M. D.
10/18, 1930 (Address) Savannah 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	DATE OF BURIAL
Cherryville, Illinois,	Oct. 21, 1930
20. UNDERTAKER	**ADDRESS**
Heaton BeGole & Bowman Funeral Home	Savannah, Mo.

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.