DEC 20 1930

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

Do not use this space.

35428

File No. 1252
Registered No.

85

**1. PLACE OF DEATH**

County: Buchanan
Registration District No.
Township:
Primary Registration District No. 1001
City: St. Joseph (No. St. Joseph Hospital St. Ward)

**2. FULL NAME** M. Leonard Hartigan

(a) Residence. No. 2714 Sacramento Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1886

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 5 | 0 | |

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

9. BIRTHPLACE (CITY OR TOWN): Stuart
(STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: David E Hartigan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Little Meadows
(STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Mary Leonard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mt. Vernon
(STATE OR COUNTRY): Ohio

14. INFORMANT: Dr. F.X Hartigan
(Address) 2202 Eugene Field- St. Joseph Mo.

15. FILED NOV 21 1930, 19 John G. [illegible] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 19 19 30

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 19 30 to Nov. 19, 19 30, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 7/30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Stomach
21 D
2 D
2 D (duration) yrs. mos. 0M ds.

CONTRIBUTORY (SECONDARY): Chronic Appendicitis (Adhesions)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Denver about 12
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF November 17-1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Carl Potter, M. D.
Nov. 20 19 30 (Address) 731 Faraon St. Joseph, 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: Mt. Olivet Cemetery
DATE OF BURIAL: Nov. 22 19 30

20. UNDERTAKER: H. W. Siebenfaden
ADDRESS: 1802 Union St.

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.