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

Do not use this space.

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1. PLACE OF DEATH
County: Bates — Registration District No.: 50 — File No.:
Township: — Primary Registration District No.: 3004 — Registered No.: 30
City: Butler (No. ..., St. ..., Ward)

2. FULL NAME: George H. Hartel

(a) Residence, No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1870

7. AGE: Years 60 — Months 11 — Days 26 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Jacob Hartel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Barbara LaFever
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Germany~~ Penn.

17. INFORMANT (ADDRESS): Mrs George Hartel, Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill — DATE: April 23, 1931

19. UNDERTAKER (ADDRESS): Culver, Butler, Mo.

20. FILED: April 22, 1931 — Nema L. Culver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to April 21, 1931
I last saw alive on April 21, 1931. Death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
93D 93.10	

Other contributory causes of importance:

(1) Name of operation: none — Date of:
What test confirmed diagnosis? Clin — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. L. LaFever, M. D.
(Address) Butler, Mo.

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.

MAY 21 1931

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