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.

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

Do not use this space.

21457

File No. 25

Registered No. 592

1. PLACE OF DEATH

County Jackson — Registration District No. 3

Township Kaw — Primary Registration District No.

City Kansas City (No. Newbern Hotel, 525 E. Armour St. Ward)

2. FULL NAME Mrs. Edna M. Hartman

(a) Residence. No. 525 E. Armour St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
46	11	4	

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

9. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William P. West

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

12. MAIDEN NAME OF MOTHER Anna Adams

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

14. INFORMANT Edward R Hartman
(Address) Newbern Hotel

15. FILED 6/12, 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1931

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to June 12, 1931, that I last saw her alive on June 12, 1931, and that death occurred, on the date stated above, at 7 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute cardiac dilatation

95 B

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Cardiac asthma

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

95 B

(Signed) J. E. Donaldson, M. D.
6/12, 1931 (Address) 714 Chambers Bldg

*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
JOPLIN MISSOURI	June 13 1931
20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	City