

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

Do not use this space.

24333

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff, Missouri

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 139
St. _____ Ward _____

2. FULL NAME Perry A. Hartz

(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 30 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 Manda Hartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11th 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Famer

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) Missouri

13. NAME Mike Hartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Ella

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Manda Hartz
(ADDRESS) Puxico, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pagan Cemetery DATE July 8th 1931

19. UNDERTAKER Greer Undertaking Company
(ADDRESS) Poplar Bluff, Missouri

20. FILED July 7 1931 By Crisp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th 1931, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to July 7, 1931.
I last saw him alive on July 7, 1931. Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset _____
1931 1931
1931 1931

Other contributory causes of importance:

Pericarditis caused from ruptured appendix

Name of operation Appendectomy Date of 6-7-31
What test confirmed diagnosis operation 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? _____
If so, specify _____

(Signed) Thos. Hennessey, M. D.
(Address) Poplar Bluff, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

AUG 25 1931

U. S. State
Department

Poplar Bluff Hospital

ARDIN M. HENRICKSON, M. D.
BERNARD J. MACAULEY, M. D.

215 OAK STREET
PHONE 378

GEORGIABELLE KEENE
SECRETARY

POPLAR BLUFF, MISSOURI

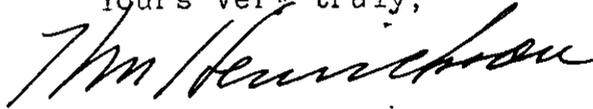
February 11, 1932

TO WHOM THIS MAY CONCERN:

This is to certify that Perry C. Hartz, who died in the Poplar Bluff Hospital on July 7, 1931, died from an attack from acute myocarditis, which was the sequel of acute appendicitis.

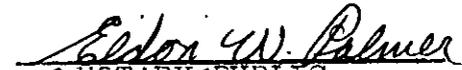
I failed in my death certificate to classify the myocarditis, although I knew it to be such an acute case.

Yours very truly,



Dr. H. M. Henrickson.

Subscribed and sworn to before me this 12 day of Febry 1932.
at Poplar Bluff, Mo.


CLERK COUNTY COURT BUTLER COUNTY



MY commission expires _____

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____

File No. 24333
 Registered No. 139

2. FULL NAME

Perry A. Hartz
 (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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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)

MOTHER / FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER / FATHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Feb 12 1932 B. J. Clinch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Supplementary
acute myocarditis
 Other contributory causes of importance:
Peritonitis caused from ruptured appendix

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____ (Signed) [Signature] M. D.
 (Address) Poplar Bluff, Mo.

VERY IMPORTANT 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.