

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

Do not use this space.

30750

1. PLACE OF DEATH

County Cass Registration District No. 152
Township Grand River Primary Registration District No. 4090
City Harrisonville

File No. _____
Registered No. 52
St. _____ Ward) _____

2. FULL NAME Sarah Margaret Hartley

(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 33 yrs. mos. ds., How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beni F. Hartley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15-1873</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>6</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home maker</u>	
	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) <u>Cass County MO.</u>		
FATHER	13. NAME <u>John Farmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary E. Bailey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Marion Hartley</u> (ADDRESS) <u>Harrisonville mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakland</u> DATE <u>9/29</u> ¹⁹³¹		
19. UNDERTAKER <u>Rummenberger Bros</u> (ADDRESS) <u>Harrisonville mo</u>		
20. FILED <u>9/28</u> 19 <u>31</u> <u>D. S. S.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-4- 1931 to 9-27- 1931
I last saw her alive on 9-25 1931. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris from Date of onset _____
degeneration of coronary
arteries 94B
94A
Other contributory causes of importance: _____

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? no
If so, specify _____
(Signed) David S. Long M. D.
(Address) Harrisonville 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.

OCT 22 1931

