

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

Do not use this space.

31061

1. PLACE OF DEATH

County Green Registration District No. 322
 Townshp Jackson Primary Registration District No. 5427A
 City Franklin St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Hamilton 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Hartley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-2-1837</u>		
7. AGE	YEARS	MONTHS
<u>93</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Old Solier</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>N. Carolina</u>		
13. NAME <u>Jesse Hartley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk known</u>		
15. MAIDEN NAME <u>unk known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk known</u>		
17. INFORMANT (ADDRESS) <u>Chas E Thompson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eden Hill</u> DATE <u>Sept 7-31</u>		
19. UNDERTAKER (ADDRESS) <u>L. B. Jones</u> <u>Buffalo Mo</u>		
20. FILED <u>9-12-31</u> <u>Mrs. C. W. Gray</u> Registered.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-12-1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931, to _____, 19____
 I last saw him alive on Sept. 7, 1931. Death is said to have occurred on the date stated above, at 11 p m.
 The principal cause of death and related causes of importance were as follows:
Senility
 Date of onset _____

Other contributory causes of importance:
162 / 16

Name of operation none 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) L. L. Henson M. D.
 (Address) Fair Grove, Mo.

WRITE PEANUT, 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 28 1931

