

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

Do not use this space.

37305

1. PLACE OF DEATH

County Franklin
Township St. Clair
City Camden (No.)

Registration District No. 287
Primary Registration District No. 540

File No.
Registered No. 56
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (by the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 10

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

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) Mulligan Co

13. NAME Simon P. Hartley

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

15. MAIDEN NAME Hanna Lavough

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

17. INFORMANT (ADDRESS) Wm Hartle

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Regis DATE

19. UNDERTAKER (ADDRESS) Mulligan Undertaking Co

20. FILED 12-10-1907

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23 1907

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1907, to 11-21 1907. I last saw him alive on 15th Oct 1907. Death is said to have occurred on the date stated above, at 12 noon m.

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

Aortic regurgitation of the heart Date of onset 10-1-00

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. P. Brotherton, M. D.

(Address) Keenett road

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.

Brotherton

20 1907

Registrar

