

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.

Jan 2 1934

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

Do not use this space.

41251

1. PLACE OF DEATH
 County Jackson Registration District No. 403
 Township Brooking Primary Registration District No. 5557
 City Independence (No. 59th. & Bennington St. _____ Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME Ralph W. Hartwell
 (a) Residence, No. 59th & Bennington St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Francis Hartwell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-3-1897</u>				
7. AGE	YEARS <u>34</u>	MONTHS <u>0</u>	DAYS <u>2</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>Foreman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Armour & Co. (Packers)</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 4, 1931</u>			
				11. Total time (years) spent in this occupation <u>4</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Butler</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Ralph G. Hartwell</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Butler</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Ida Vermillion</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Butler</u> (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Ralph G. Hartwell</u> (ADDRESS) <u>4009 Euclid Ave., K.C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Dec 7, 1931</u>				
19. UNDERTAKER <u>Eylar Funeral Home</u> (ADDRESS) <u>1800 Linwood Blvd. K.C. Mo.</u>				
20. FILED <u>12-7-1931</u> <u>W. M. V. A. B. M. D.</u>				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1931 .1931

22. I HEREBY CERTIFY, That I attended deceased from Dep. Coronary, 1931
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 AM
 The principal cause of death and related causes of importance were as follows:
Obstructive
Coronary
Arteriosclerosis
 Other contributory causes of importance: Myocardial Infarction
Signatures

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

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) Dr. J. H. ... M. D.
 (Address) Independence, Mo.

