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.

MAR 23 1932

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

Do not use this space.

5232

1. PLACE OF DEATH

5-4 County Lafayette — Registration District No. 460 — File No.

Township Corder — Primary Registration District No. 4272 — Registered No. 04

3 City Corder (No. , St. Ward)

3 2. FULL NAME Meta Wilemenia Hartwig

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Fred Hartwig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21, 1847

7. AGE: YEARS 84 — MONTHS 7 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year): Oct. 1931
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER

13. NAME: Fred Hempelmar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Charolette Koesler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Geo Hartwig Mt Leonard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Corder, Mo DATE: Feby 24, 1932

19. UNDERTAKER (ADDRESS): R C Carter Sunset Lane Mo

20. FILED 3-8, 1932 Ruth Porter Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1928, to Feby 20, 1932

I last saw her alive on Feby 19, 1932. Death is said to have occurred on the date stated above, at 1-15 pm.

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

Cardiac deficiency 108 95B 108

Other contributory causes of importance: Bilateral Pneumonia

Date of onset

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) Lemo Carthrae Jr., M. D.

(Address) Corder Mo.