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.

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

Do not use this space.

35647

File No. 4144

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No.

Township KAW — Primary Registration District No.

City KANSAS CITY (No. 4235, EAST-61 ST St. Ward)

2. FULL NAME LE ROY HARTGE

(a) Residence, No. 4235-EAST-61st St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. LOUISE S. HARTGE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-20-1887

7. AGE: YEARS 45 — MONTHS 8 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MOP 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY 1
(STATE OR COUNTRY) MISSOURI

FATHER

13. NAME OSCAR HARTGE

14. BIRTHPLACE (CITY OR TOWN) BALTIMORE
(STATE OR COUNTRY) MARYLAND

MOTHER

15. MAIDEN NAME BRADFORD

16. BIRTHPLACE (CITY OR TOWN) KEWANEE
(STATE OR COUNTRY) ILLINOIS

17. INFORMANT MRS. LOUISE S. HARTGE
(ADDRESS) OSBORNE, KANSAS

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE NOVEMBER-5, 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 11/5, 1932 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1932, to Nov. 4, 1932

I last saw him alive on October 30, 1932. Death is said to have occurred on the date stated above, at 5:25 A.m.

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

Carcinoma of Stomach — Date of onset ?

46B

46B ①

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 2-25-32

What test confirmed diagnosis? Operation findings Was there an autopsy? No

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) J. E. Castles, M. D.

(Address) 822 Argyle Bldg Kansas City, Mo.

822 Argyle Bldg.
~~82~~ 1:30-5