

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

Do not use this space.

38989

1. PLACE OF DEATH  
 26 County Cole Registration District No. 213  
 3 Township ..... Primary Registration District No. 3014  
 8 City Jefferson (No. ...., St. .... Ward)

File No. 2970  
 Registered No. ....

2. FULL NAME Mr. John Hartman  
 (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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Hartmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October-26-1887</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>1</u>
	DAYS <u>24</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>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	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>Germany</u> <u>10</u>		
FATHER	13. NAME <u>Not Known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>118</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Laura Hartmann</u> (ADDRESS) <u>Jefferson City, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Schuberts, Mo</u> DATE <u>Dec-22</u> 19 <u>32</u>		
19. UNDERTAKER <u>Joseph J. Gordon</u> (ADDRESS) <u>Jefferson City, Mo</u>		
20. FILED <u>12/21/32</u> <u>J. E. Bradford</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1932  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1932 to Dec 1 1932  
 I last saw him alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 8:47 m.

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

Arterio sclerosis  
97  
112  
 Other contributory causes of importance:  
Hypertension (1)  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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. Bradford, M. D.  
 (Address) Jefferson City, Mo

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.

MARGIN RESERVED FOR BINDING

