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.

SEP 26 1933

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

Do not use this space.

26735

1. PLACE OF DEATH
49 County Jasper — Registration District No. 408 — File No.
5 Township — Primary Registration District No. 3020 — Registered No.
7 City Carthage (No. ..... St. ..... Ward)

2. FULL NAME William L Hartley

(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: 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 Nettie M. Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1st 1852

7. AGE: 81 YEARS — MONTHS: 7 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Stockton Mo

FATHER
13. NAME John E. Hartley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Sarah S Herrill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Nettie M. Hartley Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stockton Mo DATE Sept 2nd (Burial) 1933

19. UNDERTAKER (ADDRESS) W C Davis & Co Stockton Mo

20. FILED Sept 1, 1933 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933, to Aug. 31, 1933
I last saw him alive on Aug 31, 1933. Death is said to have occurred on the date stated above, at 7:25 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 8-12-33

Other contributory causes of importance: Age and Hypertension

Name of operation None — Date of
What test confirmed diagnosis? Clinical — 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) E. D. Hatcher, M. D.
(Address) 338 Grant, Carthage Mo