JAN 26 1934

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

Do not use this space.

41649

1. PLACE OF DEATH

County ..... Registration District No. 781 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10669

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Anna Hartley

(a) Residence, No. ..... St., 12 Ward. Lebanon, Mo
(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 Female

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 Lorenza D. Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9th 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	10	—	

OCCUPATION

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

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) Penn

FATHER

13. NAME Tate Bowman 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Dr. Eugene Hartley 4246 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lebanon, Mo DATE Dec 10th 1933

19. UNDERTAKER (ADDRESS) Mullen Mud Co 5165 Delmar Bl. 4

20. FILED DEC 12 1933 19 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1933, to Dec 9, 1933

I last saw her alive on Dec 9th, 1933. Death is said to have occurred on the date stated above, at 2:10 p m.

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

	Date of onset
Lobar Pneumonia	12/1/33
108	

Other contributory causes of importance:

106

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) C. E. Matlock, M. D.

(Address) 4030 Chouteau Ave

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.

10