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.

APR 25 193

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No. 14079
Township Bonhomme — Primary Registration District No. 3037 — Registered No. 94
City Kirkwood (No. 619 McKinley St. ..... Ward)

2. FULL NAME Margaret A. Hartman
(a) Residence, No. De Soto Mo St., ... Ward. De Soto 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Wm. J. Hartman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 20, 1862
7. AGE: YEARS 72 — MONTHS 1 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: James McCormack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platin Mo

MOTHER
15. MAIDEN NAME: Mary Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Rhoda Hayes 7230 Zephyr Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE De Soto Mo DATE 4-6 1934
19. UNDERTAKER (ADDRESS): Kriegshauser Mortimer 4228 So. Kingshighway
20. FILED April 4, 1934 Agnes C Kelly Deph Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~March~~ 4-3, 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934, to April 3, 1934
I last saw her alive on April 2, 1934 Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-20
Other contributory causes of importance: Intestinal Influenza	3-20

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? No 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 Barnett, M. D.
(Address) 209 S Kirkwood Kirkwood Mo