

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

Do not use this space.

17594

1. PLACE OF DEATH

77 County Clark
Township Prisques
City Carrollton

Registration District No. 645
Primary Registration District No. 5854

File No. _____
Registered No. 7
St. _____ Ward)

2. FULL NAME

Walter Gould Hartley

(a) Residence, No. Mauldin Road No. 2
(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 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 Mildred Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1899

7. AGE YEARS 34 MONTHS 10 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Texas

13. NAME Oscar Hartley

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

15. MAIDEN NAME Mattha E. Hoover

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

17. INFORMANT (ADDRESS) James Hartley, Mauldin Road No. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Cemetery DATE May 20 1934

19. UNDERTAKER (ADDRESS) Elliot General Home, about no. 2

20. FILED 5/20 1934 J. T. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18 1934 to May 18 1934

I last saw him alive on Wed 5/18 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

Gun shot wounds at hands of Sheriff and Patrolman in the line of official duty

Other contributory causes of importance: _____

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? _____ 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? _____
If so, specify _____

(Signed) A. E. Paeris, M. D.
(Address) Sumnerville Mo

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.

JUN 25 1934

