SEP 13 1934

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

Do not use this space.

28604

1. PLACE OF DEATH
County Cass
Township Mt Pleasant
City (No. , St. Ward)

Registration District No. 148
Primary Registration District No. 5212

File No.
Registered No.

2. FULL NAME Hartsel Lamar

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1917

7. AGE YEARS 17 MONTHS 2 DAYS 6 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. At home
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) Cass Co Missouri

FATHER
13. NAME Buford Lamar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Missouri

MOTHER
15. MAIDEN NAME Letta Winston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Mr Buford Lamar Belton Missouri

18. BURIAL, CREMATION, OR REMOVAL Belton, Mo.
PLACE Bryant Cemetery DATE Aug 17, 1934

19. UNDERTAKER (ADDRESS) E K George & Sons Belton Missouri

20. FILED 8-17, 1934 R. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Aug 15, 1934
I last saw him alive on Aug 15, 1934. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	

Other contributory causes of importance:
acute cold

Name of operation non. 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? No.
If so, specify
(Signed) R. M. Miller, M. D.
(Address) Belton, 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.

#2, Cars.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Hartsel Lamar.
Who died at Belton Mo on Aug - 15 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, ~~married, widowed or divorced:~~ _____

Date of birth June 9 1917 Age: Years 17 Months 2 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Endocarditis
Bacterial Endocarditis (Influenza)

Other contributory causes of importance Acute Cold
Name of operation None Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? No
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 _____
Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
Name of physician R. M. Miller
Address of physician Belton Mo
Signature of Registrar R. M. Miller Belton Mo Date filed 8-15-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 148

Primary Reg. Dist. No. 5212

Very truly yours,

E. T. McGaugh M.D.

Special Agent.