

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

Do not use this space.

36269

NOV 13 1934

1. PLACE OF DEATH

County Jefferson Registration District No. 399
Township Blue Primary Registration District No. 100
City Kansas City (No. St Lukes Hospital) St. _____ Ward _____

File No. _____
Registered No. 4879
St. _____ Ward _____

2. FULL NAME Hartline J. C.

(a) Residence, No. Walker, Mo. 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 (tick the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	48	8	8	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 123 1/2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 12 1/2

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 12 3/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER 13. NAME William Hartline

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Stella Hartline
(ADDRESS) Walker, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Berea Cemetery DATE Oct. 31 1934

19. UNDERTAKER (ADDRESS) Nevada, Mo.
Hays Funeral Home
Nevada, Mo.

20. FILED 10/30 1934 M. L. Corwin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Oct 29, 1934

I last saw him alive on Oct 29, 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Cirrhosis of liver
(ascites)
12 1/2
12 1/2
Other contributory causes of importance:
Septic choleemia
intestinal obstruction

Name of operation enterostomy Date of Oct 20, 1934
What test confirmed diagnosis? aspirin 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? _____
If so, specify E. L. Oriller, M. D.
(Signed) _____
(Address) 1032 Professional

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.

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