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.

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

APR 29 1935

Do not use this space.

15430

1. PLACE OF DEATH
County Worth
Township Middlefork
City ~~Worth~~

Registration District No. 1112
Primary Registration District No. 6213

File No.
Registered No.

(No. St. Ward)

2. FULL NAME John Wantland

(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 6 yrs. 6 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~~ Emma Wantland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1854

7. AGE Years 80 Months 6 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Unknown Indiana

FATHER
13. NAME Thomas Wantland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Malinda Hardwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Emma Wantland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnes Cemetery Worth Mo DATE Apr 2 1935

19. UNDERTAKER (ADDRESS) Andrews Grant City Mo

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1935, to Apr 1, 1935
I last saw her alive on Mch 31, 1935 Death is said to have occurred on the date stated above, at 20 m.
The principal cause of death and related causes of importance were as follows:

Paralysis
Fever
Senility

Date of onset

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) John Andrews, M. D.
(Address) Grant City

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

Do not use this space.

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: North
Township: Middlefork
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 112
Primary Registration District No. 6213

2. FULL NAME John Hartland

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Indiana

FATHER
13. NAME Thomas Hartland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Malinda Hardwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Emma Hartland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnes Cem. DATE Apr. 2, 1935

19. UNDERTAKER (ADDRESS) J. Andrews, Grant City

20. FILED July 3, 1935 Fred Mull M.D. (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 1 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... 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:

Paralysis of bowels

Date of onset

Other contributory causes of importance:

Senility

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) John Andrews, M. D.
(Address) Grant City

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 26 1935

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