

OCT 21 1935

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

Do not use this space.

22407-2
File No. _____
Registered No. 4
St. _____ Ward _____

1. PLACE OF DEATH

County Cass
Township Camp Branch
City _____ (No. _____)

Registration District No. 157
Primary Registration District No. 5216

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15-1867

7. AGE YEARS MONTHS DAYS If LESS THAN 1 day, hrs. or min.
68 5 8

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

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) May 1935 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lagrange Co Ind.

13. NAME Isaac J. Hartzler

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

15. MAIDEN NAME Magdaline Gerig

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

17. INFORMANT Mrs John Seiler (ADDRESS) East Lyme Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearfork Cem DATE 7-25 1935

19. UNDERTAKER A. J. Hartzler (ADDRESS) East Lyme Mo

20. FILED 7/25 1935 A. J. Hartzler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1935

22. I HEREBY CERTIFY That I attended deceased from June 3, 1935 to July 23, 1935 that saw him alive on July 23, 1935 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

1) myeloid Leukemia Date of onset _____

2) Cancer of Liver and Duodenum and related structures

Other contributory causes of importance: Profound Anemia and weakness. Secondary Anemia Hemorrhage from brain.

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood test 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? No
If so, specify _____

(Signed) Ernest Miller M.D.
(Address) East Lyme, 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY SPACE.

1. PLACE OF DEATH

County Cass Registration District No. 15-2 File No. _____
 Township Camp Branch Primary Registration District No. 5-216 Registered No. 4
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Benjamin F. Hartger

(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>7/25</u> 19 <u>35</u> <u>Effie Stone</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1935

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:
Myeloid Leukemia
Causes of liver and
kidney and related
structure. Primary seat in liver.
 Other contributory causes of importance:
Fragility, Anemia and
Weakness. Secondary causes
Hemorrhage from liver

Name of operation _____ Date of _____
 What test confirmed diagnosis? Plut test 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) Comery J. Miller M. D.
 (Address) East 1st

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.

STATISTICAL

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