

NOV 26 1935

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

Do not use this space.

33103

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Galena Primary Registration District No. 2-0-0-2 File No. _____
City, ~~Central City~~ (No. R. R. 3) Registered No. _____
St. _____ Ward _____

2. FULL NAME Oliver Hartz

(a) Residence, No. Central City, R. R. 3, Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Anna Hartz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15 1884</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>6</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	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) <u>Conway Arkansas</u>		
FATHER	13. NAME <u>J. H. Hartz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Mary C. Sevier</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (ADDRESS) <u>Francis Anna Hartz</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill - Galena, Kans.</u> DATE <u>Oct 8</u>		
19. UNDERTAKER (ADDRESS) <u>James Hooper Webb City, Mo.</u>		
20. FILED <u>10-8</u> 19 <u>35</u> - <u>2d</u> <u>Jenn</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1935 to Oct. 6, 1935
I last saw him alive on Oct 6, 1935 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:

Bronchial Hemorrhage Date of onset _____

Other contributory causes of importance Dehydration, chr.

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) V. E. Kenney, M. D.
(Address) 311. Murray Street

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

