

DEC 12 1935

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

Do not use this space.

38474

1. PLACE OF DEATH

County..... Audrain Registration District No. 26
Township..... Salt River Primary Registration District No. 3002
City..... Mexico (No., St. Ward)

File No.
Registered No. 180

2. FULL NAME James Wesley Hartegan

(a) Residence, No. 7, Boulevard 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Mitchel Hartegan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 -- 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
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) Montgomery County, Mo.13. NAME John Hartegan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Rachel Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT David Hartegan
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Mexico, Mo DATE Dec. 9, 193519. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) Mexico, Mo.20. FILED Dec 8 1935 Blanche Keely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw h..... alive on Coroner's Case 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:

Coroner's Verdict:
Died suddenly of natural causes likely apoplexy.

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? No.

If so, specify.....

(Signed) W. K. McCall Coroner Audrain, Mo.
(Address) Ladonia, Mo. --- County, 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.

WRITE PLAINLY, WITH CARE AND PRECISION. THIS IS A PERMANENT RECORD.

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