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.

JAN 10 1936

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

Do not use this space.

39091

1. PLACE OF DEATH
County: DeKalb
Township: Grant
City: Fairport (No. ..., ... St. ..... Ward)

Registration District No. 264
Primary Registration District No. 5367

File No.
Registered No.

2. FULL NAME: Edna O. Hartwell

(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: Female
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: Hiram Hartwell

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

7. AGE: Years 68 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Mattoon, Ill.

FATHER
13. NAME: Thos D. Osborn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington D.C.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Hiram Hartwell
(ADDRESS) Fairport Mo.

18. BURIAL, CREMATION, OR REMOVAL
Fairport Cem. DATE 12/4-35 19

19. UNDERTAKER: U. G. Pilcher
(ADDRESS) Maysville Mo

20. FILED 12/3-35 19 Mrs. Nessler Simms
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/3-35 19

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1935, to 12-3, 1935
I last saw her alive on 12-3, 1935. Death is said to have occurred on the date stated above, at 9.30 m. a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-8-35

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) J. P. Knight, M. D.
(Address) Maysville Mo