WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 16 1936

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

Do not use this space.

40029

1. PLACE OF DEATH
County Johnson
Township Madison
City Holden (No. ..... St. ..... Ward)

Registration District No. 427
Primary Registration District No. 4253

File No. .....
Registered No. 63

2. FULL NAME Sallie M. Hartzell

(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 81 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. H. Hartzell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 27-1850

7. AGE: YEARS 85 MONTHS 6 DAYS 2 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): Kentucky

FATHER
13. NAME: Geo L. Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Harriett Kitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs Mae Ellis, Holden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Holden Cemetery DATE: Jan 1, 1936

19. UNDERTAKER (ADDRESS): W Goodman, Holden Mo

20. FILED: Dec. 31, 1935 — S. A. Murray, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1935, to Dec 30, 1935
I last saw her alive on Dec 30, 1935. Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Dec 30/35
General Arteriosclerosis	5 years
Pulmonary Edema	Dec 30/35

Other contributory causes of importance:
Chronic Arthritis
Chronic focal infection Tonsils 20 yrs.

Name of operation: None Date of: —
What test confirmed diagnosis? 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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) H. G. Thompson, M. D.
(Address) Holden Mo