

FEB 20 1936

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

Do not use this space.

1359

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township Law Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
City Canaan City (No. Trinity Lutheran Hosp St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Lois Dorothy Harting Emma Mo  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Five Two Eighteen None

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Mo

MOTHER FATHER  
13. NAME H. C. Harting

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan Wisconsin  
New Zealand

MOTHER  
15. MAIDEN NAME Lydia Kirchhoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) H. C. Harting Emma Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Emma Mo DATE Jan 17, 1936

19. UNDERTAKER (ADDRESS) Herbert J. Vogt Concordia Mo

20. FILED Jan 14, 1936 m. m. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Jan 14, 1936. I last saw her alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:  
Myocardial failure  
with the myo-  
carditis.

Other contributory causes of importance:  
Hydropericardium  
General Anasarca

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 10 Was there an autopsy? Yes

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)

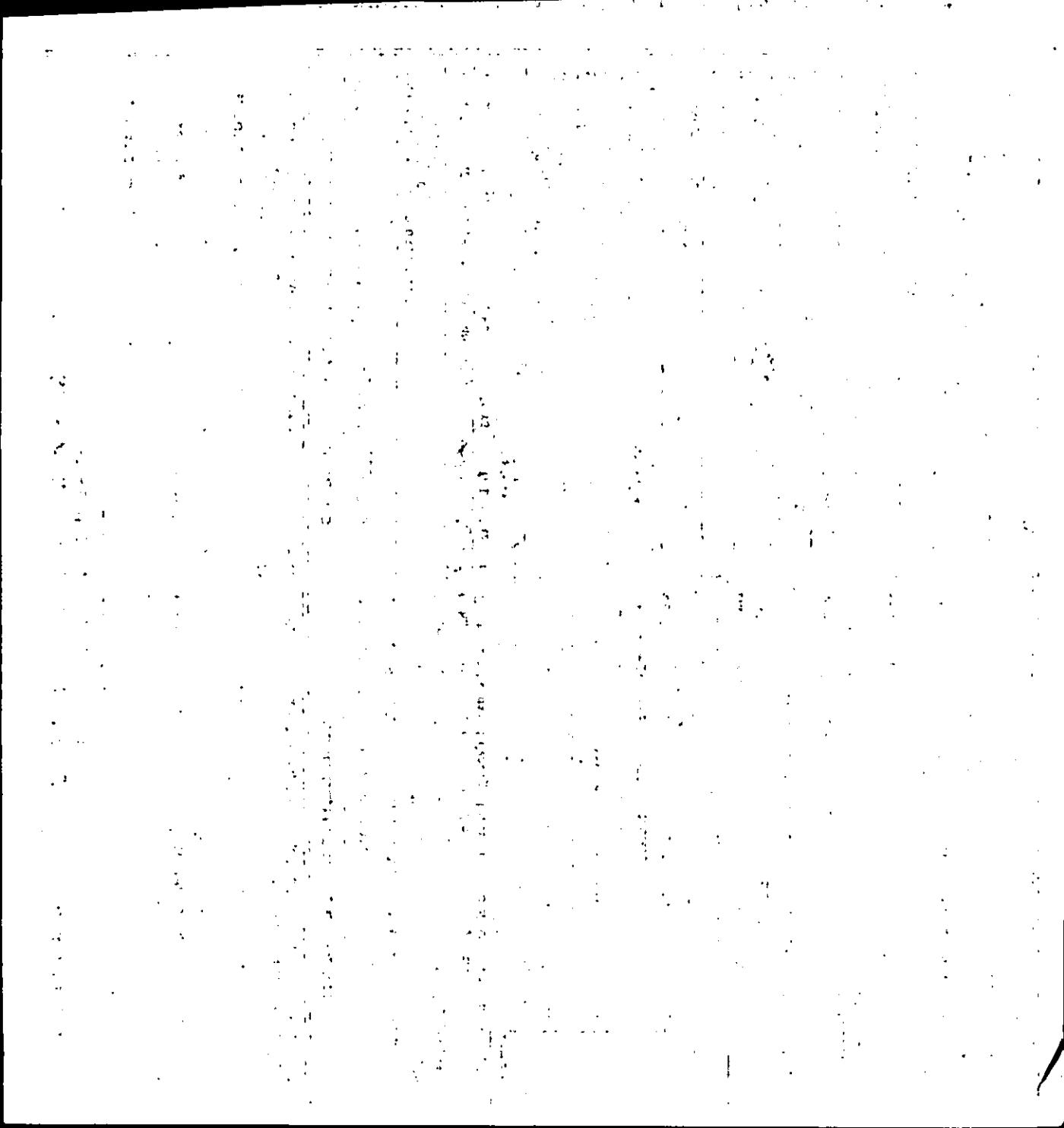
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) L. Barrick Wilson M. D.  
(Address) R. #2 Overland Park, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. 212  
City..... (No. Friendly Lutheran Hosp St. .... Ward)

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX ♂ 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) .....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1936

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

22. I HEREBY CERTIFY, that I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on ....., 19..... Death is said

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

to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day..... hrs. or..... min.

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

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

Myocardial failure  
Diphtheritic myocarditis  
Chronic  
Diphtheria 11/26/30  
Other contributory causes of importance: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER  
13. NAME .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

MOTHER  
15. MAIDEN NAME .....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT (ADDRESS) .....

Manner of injury.....  
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL  
PLACE..... DATE....., 19.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

19. UNDERTAKER (ADDRESS) .....

(Signed)....., M. D.  
(Address).....

20. FILED Jan 14 36 Dr. M. Brown  
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important.

**SUPPLEMENTAL**

S-1359

Onset of diphtheria  
was about 11/26/35  
& lasted 10 days.

Onset of edema was about 12/15/35  
Myocarditis was therefore  
chronic @ time of admission  
J. B. Whitson  
W.

Sorry to be late to this - my mail  
gets tied up @ Overland R# 2 +  
I am @ Trinity hospital  
W.