

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.

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

Do not use this space.

FEB 20 1936

2326

1. PLACE OF DEATH

County Newton
Township Marion
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 615-
Primary Registration District No. 5817

File No. _____
Registered No. 1

2. FULL NAME David L. Roy Hartman

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1. 3. 25.

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) Shannon County Mo.
(STATE OR COUNTRY)

FATHER 13. NAME David L. Hartman

14. BIRTHPLACE (CITY OR TOWN) Sumnerville Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hetty Laborn

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

17. INFORMANT David L. Hartman
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Diamond Cemetery DATE January 18, 1936

19. UNDERTAKER H. C. Sutter
(ADDRESS) Diamond, Missouri

20. FILED Jan 18, 1936 U. S. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1936, to January 17, 1936
I last saw him alive on January 16, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Broncho Pneumonia Date of onset _____

Other contributory causes of importance:

Influenza

Name of operation _____ 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify U. S. Chapman, M. D.

(Signed) U. S. Chapman
(Address) Diamond Mo.

