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.

JUL 16 1936

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

Do not use this space.

21887

1. PLACE OF DEATH

County Andrew, Registration District No. 13 File No.

Township Primary Registration District No. 4010 Registered No.

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Orpha Olive Hartman,

(a) Residence, No. St., Ward. Paxton, Nebraska
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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: Elmor Hartman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1872

7. AGE: YEARS 64 | MONTHS 4 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,

10. Date deceased last worked at this occupation (month and year): June 1936

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Iowa,

FATHER

13. NAME: Clinton Ristine,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER

15. MAIDEN NAME: Mary Campbell,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Lawrence Gregory Paxton, Nebraska,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gothrnburg, Neb DATE July 1, 1936

19. UNDERTAKER (ADDRESS): Frank A. Bowman Savannah, Missouri,

20. FILED 6-29 1936 Mrs A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936, to June 29, 1936

I last saw her alive on June 29, 1936 Death is said to have occurred on the date stated above, at 8 45 P m.

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

	Date of onset
Cerebral Hemorrhage	6/26/36
Other contributory causes of importance: Arterio-Sclerosis	(?)

Name of operation none Date of

What test confirmed diagnosis? Physical 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) S. E. Metheny, M. D.

(Address) Savannah Mo