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.

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

AUG 25 1936

Do not use this space. 0

29386

File No.

Registered No. 290

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

Registration District No. 1123

Primary Registration District No. 6248B

2. FULL NAME Roy HARTLEY

(a) Residence, No. R.#12, Box 71 St., Ward. Kirkwood, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. Unknown mos. Unknown ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	47	11	22	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unav.

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

FATHER

13. NAME Henry Hartley

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Cynthia Fee

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

17. INFORMANT M. Schelley Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New London, Ohio DATE July 23, 1936

19. UNDERTAKER C. HOFFMEISTER UNDERTAKING & LIVERY CO.
(ADDRESS) 7814 So. Broadway, St. Louis, Mo.

20. FILED July 22, 1936 L. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1936, to July 18, 1936

I last saw him alive on July 18, 1936 Death is said to have occurred on the date stated above, at 6:40 m. p.m.

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

	Date of onset
Hypertension, severe, with Cerebral Hemorrhage, causing Hemiplegia, right, spastic	Unkn.

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings. 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

(Signed) C. W. Hughes, M. D.

(Address) Chief Med. Officer, Vet. Adm. Facility, Jeff. Brks., Mo.