

DEC 18 1936

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

Do not use this space.

37016

1. PLACE OF DEATH

County

Cass

Registration District No.

152

Township

Camp Branch

Primary Registration District No.

5216

City

(No.)

File No.

Registered No.

14

St.

Ward)

2. FULL NAME

Samuel Joseph Hartzler

(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

M

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Adula Hartzler

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

4-23-1868

7. AGE

YEARS

68

MONTHS

6

DAYS

2

If LESS than 1 day, hrs. or min.

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

Farmer

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)

June 1936

11. Total time (years) spent in this occupation

47

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

La Grange Co, Ind.

13. NAME

Benjamin Hartzler

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

Indiana

15. MAIDEN NAME

Nancy Hartzler

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

Wayne Co Ohio

17. INFORMANT (ADDRESS)

S. J. Hartzler

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clearfork Cem. DATE 10/27 1936

19. UNDERTAKER (ADDRESS)

A. R. Hartzler

20. FILED

12-7

1936 Mrs. Effie Stone

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1936, to Oct. 25, 1936

I last saw him alive on Oct. 25, 1936 Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Carcinoma of Sigmoid colon and rectum.

Date of onset

Other contributory causes of importance:

Metastasis to adjacent organs.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external cause (accident), fill in also the following: Accident, suicide, or homicide? No Date of injury

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

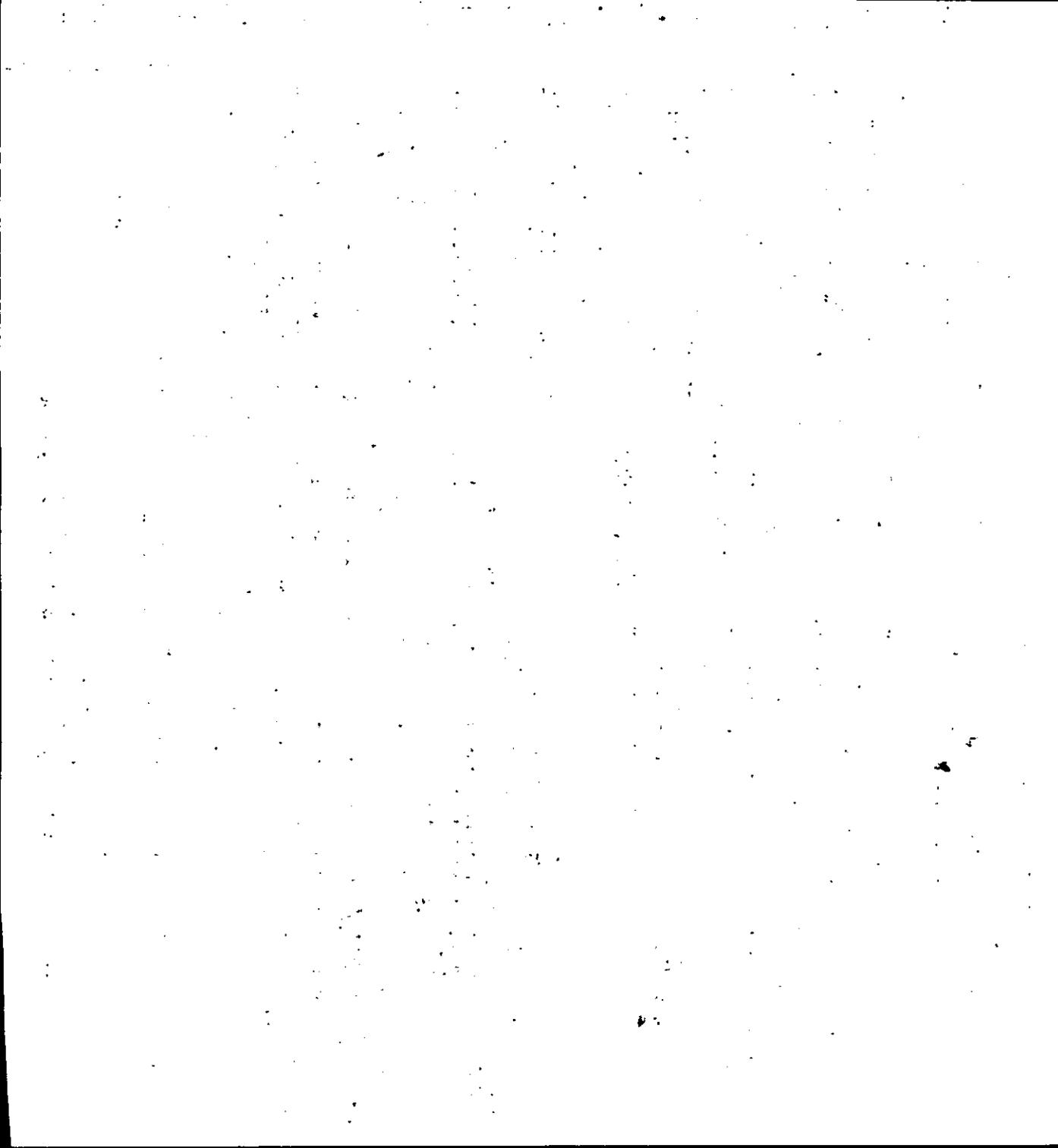
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. J. Muller, M.D.

(Address) Hannouville, Mo.

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.

1. PLACE OF DEATH

County Cass Registration District No. 152 File No. _____
 Township Camp Branch Primary Registration District No. 3216 Registered No. 14
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Samuel Joseph Hartzel
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

First saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 6 2

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

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. Time (years) spent in this occupation _____

Carcinoma of Sigmoid colon and rectum
Primary seat unknown

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

Other contributory causes of importance:

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____
 Nature of injury _____

PLACE _____ DATE _____, 19____

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

19. UNDERTAKER (ADDRESS)

(Signed) F. Miller M. D.
 (Address) Harrisonville Mo

20. FILED 12-7 1936 mp Office Stone Street Registrar.

SUPPLEMENTAL

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

9106 E.S