

DEC 30 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42337

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 7.7.3Township "Primary Registration District No. 4.4.4City Farmington (No. ")File No. "Registered No. 195St. " Ward "

2. FULL NAME

(a) Residence, No. Frank J. Hartmiller 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Florence Hartmiller</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 12, 1868</u>		
7. AGE <u>68</u>	YEARS <u>6</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>		11. Total time (years) spent in this occupation
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)		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon, Mo</u>
	13. NAME <u>Jacob Hartmiller</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prison, Germany</u>
	15. MAIDEN NAME <u>Mary Fisher</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lorraine</u>
	17. INFORMANT (ADDRESS) <u>John A. Hartmiller</u> <u>Lebanon, Mo</u>
FATHER	18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prison, Germany</u>
	19. UNDERTAKER (ADDRESS) <u>Frederick H. Co.</u> <u>Farmington, Mo</u>
20. FILED <u>Nov 1, 1936</u> <u>938</u> <u>Perman</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 193622. I HEREBY CERTIFY, That I attended deceased from Never 19" to 19"I last saw him alive on Oct 31, 1936 Death is saidto have occurred on the date stated above, at 7:15 a.m.

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

Angina Pectoris Date of onsetOther contributory causes of importance NoneName of operation Autopsy Date of Nov 10What test confirmed diagnosis? " Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury "Where did injury occur? Home Farmington Mo

(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 None(Signed) Ralph L. H. H. M. D.(Address) Farmington 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.

History of this Case -
I was called at 7 am Nov 1 1936 - when I
reached him he had just expired -
Witness says he had not been feeling well
for several days - Coughing & when he
thought was sleeping - the country to
him was with a cold. He did not get well
during the night - That the complaint of
the lower pain which radiates in
to the left arm, had declined
breathing - but - now as usual to
the bedside, went to a closet to
get coat, when he suddenly fell
and expired in a few moments -
My diagnosis is an acute Peritonitis,
with severe complications -

D. App. February 11, 1937
Deputy State Com. of Health
At 7 am comes to me