

This is a preliminary statement of OCCUPATION is very important.

JAN 29 1937

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

Do not use this space.

44216

1. PLACE OF DEATH

County Crawford
Township Knobview
City (No.) (St.) (Ward ..)

Registration District No. 280
Primary Registration District No. 5313

File No.
Registered No.

2. FULL NAME Maing Jane Hartman

(a) Residence, No. 12 St. Ward.
(Usual place of abode)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Dec 24, 1936

I last saw h. e alive on Dec 24, 1936. Death is said to have occurred on the date stated above, at 4:00 P.m.

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

Carcinoma of Liver Date of onset 2 yrs

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Almid 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) Walter J. Brewer, M. D.
(Address) St James Mo

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>11</u>	<u>28</u>		

OCCUPATION

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

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) April 36 11. Total time (years) spent in this occupation 40

MOTHER FATHER

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

13. NAME James Reger

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

15. MAIDEN NAME Hattie Gulchworth

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

17. INFORMANT Herbert C Hartman (ADDRESS) Bellevue Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mounts Cem DATE 12-26, 1936

19. UNDERTAKER W. H. Hillier (ADDRESS) Rt James Mo

20. FILED Jan 2 1937 G. G. Anderson Registrar

