APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Andrew — Registration District No. 13 — File No. 10994
Township Nodaway — Primary Registration District No. 4010 — Registered No.
City Savannah (No. ..... St. ..... Ward)

2. FULL NAME Charles A. Hartley
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Bertie Lee Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-8-1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant
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. Total time (years) spent in this occupation

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

FATHER
13. NAME Eli Hartley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vinton Ohio

MOTHER
15. MAIDEN NAME Lura McClellan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Migis Co Ohio

17. INFORMANT (ADDRESS) Dale Hartley Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 4-1-1937

19. UNDERTAKER (ADDRESS) J. Fred Terhune Savannah Mo.

20. FILED 3-31, 1937 Mrs A R King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28th, 1937

22. I HEREBY CERTIFY: That I attended deceased from Jan 26th, 1937 to Jan 28th, 1937
I last saw him alive on March 27, 1937 Death is said to have occurred on the date stated above, at 6-45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Cerebral Hemorrhage	3/26-37
(above date are March 26) 27 & 28th 1937 J.C.H.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Symptoms 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. C. Hoshor M. D.
(Address) 413 West Main St Savannah, Mo

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2
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[illegible] X9314

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