

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No. 1101City St. Joseph

State Hospital #2.

File No. 15739Registered No. 443

St.

Ward)

2. FULL NAME

(a) Residence, No. Kansas City Mo

(Usual place of abode)

St.

Ward. Kans City Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos.

How long in U. S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF <u>Married</u> <u>Unknown.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1867.</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>Unknown.</u>
	DAYS <u>Unknown.</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>	
	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) <u>Unknown.</u>	
	11. Total time (years) spent in this occupation <u>Unk.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Merger County Mo</u> <u>Missouri.</u>		
FATHER	13. NAME <u>William Hartman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u> <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland.</u> <u>Unknown.</u>	
17. INFORMANT <u>Records State Hospital #2.</u> (ADDRESS) <u>St. Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City Mo.</u> DATE <u>April 10, 1937</u>		
19. UNDERTAKER <u>H. O. Sidenfaden & Son</u> (ADDRESS) <u>1802 Union St. St. Joseph Mo.</u>		
20. FILED <u>Apr 10 1937</u> <u>H. J. Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 10 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 12</u> 19 <u>36</u> to <u>April 10</u> 19 <u>37</u> I last saw him alive on <u>April 10</u> 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>1 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u> <u>General arteriosclerosis</u> Other contributory causes of importance: <u>93</u>
Name of operation
Date of
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>No.</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
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? <u>No.</u> If so, specify
(Signed) <u>E. G. DeLoach</u> M. D.
(Address) <u>State Hospital #2</u>

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.

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