

JUN 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade  
Township Roark  
City (No. ....) .....

Registration District No. 303  
Primary Registration District No. 5420

File No. 19981  
Registered No. ....  
St. .... Ward

2. FULL NAME Arthur Theodore Hartke

(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11th., 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
34 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Market  
10. Date deceased last worked at this occupation (month and year) 5/37 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) Hermann, MO  
(STATE OR COUNTRY)

FATHER 13. NAME Gustav Hartke

14. BIRTHPLACE (CITY OR TOWN) Hermann, MO  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Wilhemina Schulz

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

17. INFORMANT Mrs. G. H. Hartke  
(ADDRESS) Hermann, MO

18. BURIAL, CREMATION, OR REMOVAL  
Place Hermann City Cem DATE 5/12/37, 19...

19. UNDERTAKER Hugo H. Blumer  
(ADDRESS) Hermann, MO

20. FILED 5-12, 1937 Anna Riekhoff  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9/37, 19...

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

I last saw h. CORONER'S CASE, 19 ....., Death is said

to have occurred on the date stated above, at 9 p. a. m.  
The principal cause of death and related causes of importance were as follows:

Auto Accident.  
Verdict of jury open to  
date-5/12/37.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury 5/9/37

Where did injury occur? Highway 19, near Hermann, MO (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Missouri highway #19

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no

(Signed) A. O. ..., M. D.  
(Address) Hermann, Missouri  
Justice of Peace & Act. Coroner

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  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Gasconade Registration District No. 303 File No. 19981  
 Township Roark Primary Registration District No. 5420 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. On Highway # 19 - West of Hermann Ward)

**2. FULL NAME**

Arthur Theodore Hartke

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9-1937

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_ stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>34</u>	<u>11</u>	<u>28</u>	

OCCUPATION  
 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. Total time (years) spent in this occupation \_\_\_\_\_

*with accident*  
*diagnosis of my father*  
*deceased was driving the car himself.*  
 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. \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

MOTHER FATHER  
 13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 7-31-1937 Anna K. Rieckhoff Registrar

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) A. E. Maupin, M. D. (Address) Hermann, Mo.

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE. PRESCRIBED BY LAW.

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