

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

Do not use this space.

**20528**

**JUN 23 1937**

1. PLACE OF DEATH

County Lawrence Registration District No. 467  
Township Aurora Primary Registration District No. 4280  
City Aurora (No. 38 West Anderson St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 36

2. FULL NAME Mattie E Hartman

(a) Residence, No. 38 W, Anderson 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 William Hartman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-18-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 0 11

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

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) Iowa

13. NAME Abraham Banta

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lina = Rachel Van Osdol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

17. INFORMANT Charles L Smith (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cem, DATE May 31 1937

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED May 21 1927 Op. H. Cowan M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937, to May 29, 1937

I last saw him alive on May 26, 1937 Death is said to have occurred on the date stated above, at 7.20 P.M.

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

Shock caused by breaking hip 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? accident of injury fall 1937

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury in house fall  
Nature of injury broken hip

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

(Signed) May Smith, M. D.  
(Address) 121 West Pleasant

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.

OCCUPATION  
FATHER  
MOTHER

