

23 1937

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

Do not use this space.

20619

1. PLACE OF DEATH

County Macon  
Township.....  
City Macon (No. 9)

Registration District No. 533  
Primary Registration District No. 3027

File No. ....  
Registered No. 49 St. .... Ward)

2. FULL NAME Edwin H Hartman

(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 M 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 Flova H Hartman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 1 4

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

13. NAME Jonas H Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9 years

15. MAIDEN NAME Margaret Gibson

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

17. INFORMANT (ADDRESS) Tom Hartman Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dickwood Cem DATE May 19 37

19. UNDERTAKER (ADDRESS) Dr J Skisbere Macon Mo

20. FILED 6/9 1937 Debra Newton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1927 to May 18, 1937  
I last saw him alive on May 17, 1937. Death is said to have occurred on the date stated above, at 1:15 a m.

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

Cerebral hemorrhage Date of onset 5-15-37  
Cardio-vascular  
Renal disease 1934

Other contributory causes of importance:  
Pulmonary Tuberculosis 1927  
enclosed, specified

Name of operation amical Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

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) J. H. ... (Address) Macon Mo

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

