JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County Andrew 2 7 Registration District No. 9 File No. 23046
Township Benton 2 Primary Registration District No. 4009 Registered No.
City Bolckow 1 (No. , St. Ward)

2. FULL NAME Wm. Monroe Hartley
(a) Residence, No. Bolckow Mo St., Ward (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 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 Mrs. Jennie Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-1868

7. AGE YEARS 69 MONTHS 1 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker
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) Fillmore Mo

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

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

17. INFORMANT (ADDRESS) Mrs. Orr Swallow Barnard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bolckow DATE June 27 1937

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

20. FILED 6-28 1937 H B Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1937, to death, 19
I last saw him alive on 6/26 1937 Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Sigmoid flexure. Date of onset

Other contributory causes of importance: 46

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. Logan Wood, M. D.
(Address) Bolckow Mo.

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.