

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan Registration District No. 8
 Township St. Joseph Primary Registration District No. 100
 City St. Joseph (No. 2018 Francis St.) St. Ward (A)

File No. 2106
 Registered No. 87

2. FULL NAME James Edward Hartnett 635

(a) Residence, No. Huntoon Road, St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 80 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 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 Katherine Hartnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>86</u>	<u>1</u>	<u>27</u>	

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

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) 1929 11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (CITY OR TOWN) Buffalo
 (STATE OR COUNTRY) New York

13. NAME John Hartnett
 14. BIRTHPLACE (CITY OR TOWN) Dublin
 (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Noonan
 16. BIRTHPLACE (CITY OR TOWN) Dublin
 (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Katherine Hartnett
 (ADDRESS) Huntoon Road

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt
 PLACE St. Joseph, Mo. DATE Jan. 24 '38

19. UNDERTAKER H. O. Sidenfaden & Son
 (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED Jan 24 19 38 H. J. Neethus
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1938

22. HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to Jan 21 1938

I first saw him alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 4:10 A.M.

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

Broncho pneumonia Date of onset 10/15

Other contributory causes of importance:
arteriosclerotic changes in heart
hypertension

Name of operation Date of
 What test or tests did you perform? 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 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) Frank J. Henderson M. D.
 (Address)

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.

