REC'D JUL 15 1938

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

3
1

Do not use this space.

22085

1. PLACE OF DEATH
County: Jackson
Township: Washington
City: ~~Kansas City~~ (No. Armour Memorial Home St. Ward)
Registration District No. 404
Primary Registration District No. 5558
File No.
Registered No. 43

2. FULL NAME: Berthe Marie Hartwig 632
(a) Residence, No. Armour Memorial Home 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: Female
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: Frederick C Hartwig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1862

7. AGE: Years 76 | Months 3 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Paris France

FATHER
13. NAME: Armand Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris France

MOTHER
15. MAIDEN NAME: Caline Marie Allais
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris France

17. INFORMANT (ADDRESS): Armour Memorial Home Records 81st & Wornall Rd., Kansas Cy, Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~ Memorial Park Cem.
PLACE: Kansas City, Mo. DATE: June 13, 1938

19. UNDERTAKER (ADDRESS): Stine & McClure Kansas City, Missouri

20. FILED 7-9- 1938 R. V. Lindsey & Son Registrar.
by Rosie N Keck 366

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to June 10 —, 1938
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at A. m. 10:10
The principal cause of death and related causes of importance were as follows:
Bronchio. Pneumonia — Date of onset 6/7/38
DTM
Other contributory causes of importance:
Obesity —

Name of operation: 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) C D Cantrell M. D.
(Address) 810 Argyle Blvd