

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

Do not use this space.

SEP 14 1939

1. PLACE OF DEATH

County Madaway Registration District No. 617
 Township Barnard Primary Registration District No. 4368
 City Barnard (No. _____) St. _____ Ward _____

File No. 29817
 Registered No. 12

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Rosendale, Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 4 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 Mary Maria Lawson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1872
 7. AGE YEARS 66 MONTHS 11 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer, retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8 yrs.
 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard Mo.

13. NAME Eli Hartley

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

15. MAIDEN NAME Louisa McClelland

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

17. INFORMANT Mrs. Bessie Tompkins (ADDRESS) Barnard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE Aug. 23, 1939

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marysville Mo

20. FILED 8/22, 1939 Chas. D. Humbert, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1939 to August 21, 1939
 I last saw him alive on August 21, 1939 Death is said to have occurred on the date stated above, at 11:40 p.m.

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

Cerebral hemorrhage Date of onset: 8/19

Other contributory causes of importance:

Chronic valvular heart disease 1931

Name of operation none Date of _____

What test confirmed diagnosis? none 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? yes
 If so, specify Chas. D. Humbert, Jr. M. D.

(Address) Barnard, Mo.

RECEIVED

District Health Office No. 41

District File Number 83-1190

Date Filed 11/11/90