

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County HENRY
Township Farmview
City Deep Water, Mo (No.)

Registration District No. 357
Primary Registration District No. 4208

File No. 4688
Registered No. 5
St. Ward)

2. FULL NAME Chas. H. Hartsack

(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 6 9

OCCUPATION
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER FATHER
13. NAME Stephens, Hartsack.

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

15. MAIDEN NAME Ellen vanBundel.

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

17. INFORMANT Guy C. Hartsack. (ADDRESS) Deep Water Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deep Water DATE March 12, 1934

19. UNDERTAKER J. M. Hurst. (ADDRESS) Deep Water, Mo.

20. FILED 19 2-27-34 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934 to 2-27, 1934

I last saw him alive on 2-24, 1934 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Date of onset

Arterio Sclerosis
Senility
Arterio Sclerosis
Senility
Other contributory causes of importance:
Arterio Sclerosis
Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) J. J. Russell, M. D.

(Address) Deep Water Mo

