

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

Do not use this space.

30680

SEP 23 1936

1. PLACE OF DEATH

County Henry Registration District No. 14
 Township Windsor Primary Registration District No. 4211
 City Windsor (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 26

2. FULL NAME

Benz L. Hartle
 (a) Residence, No. Janis Mo St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Hospital ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Allie Hartle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 7 10

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

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

FATHER
 13. NAME C N Hartle

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

MOTHER
 15. MAIDEN NAME Leahr

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

17. INFORMANT (ADDRESS) CC Hartle Windsor, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE Aug 16 1936

19. UNDERTAKER (ADDRESS) C W Austin Windsor

20. FILED 8-15 1936 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 21 1930 to Aug 14 1936
 I last saw him alive on Aug 14 1936 Death is said to have occurred on the date stated above, at 5-P m.
 The principal cause of death and related causes of importance were as follows:

Leukemia
Hypertrophy of Prostate
Cystitis
Alphemia
 Date of onset 7-23

Other contributory causes of importance:
Alphemia
Introduction of catheter

Name of physician Blood count and
 What test or tests were made? Alphemia 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) [Signature] M. D.
 (Address) Windsor 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.

