

JAN 22 1929

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 262

Do not use this space.

40066

1. PLACE OF DEATH

County DeKalb

Registration District No. 4161

File No. ....

Township WATER

Primary Registration District No. 262

Registered No. ....

City Union Star

St. ....

Ward) ....

2. FULL NAME

Mrs. Mary E. Hartman

(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 39 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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH/(MONTH, DAY AND YEAR)

Sept. 3 - 1848

7. AGE

YEARS 85 MONTHS 3 DAYS 7 If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Belleme

(STATE OR COUNTRY)

10. NAME OF FATHER

David Harpster

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Eliza Wilk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT E. R. Speaker  
(Address) Union Star Mo

15.

FILED 12/3, 1928 E. M. Reynolds  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Dec 3, 1928, that I last saw her alive on Dec 2, 1928, and that death occurred, on the date stated above, at 3: A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
93c  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. M. Reynolds M. D.

(Address) Union Star Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Union Star Cemetery Dec 4 1928

20. UNDERTAKER

ADDRESS

H. D. Wilson King City 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.

