

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

Do not use this space.

1929

15409

1. PLACE OF DEATH  
 County Moniteau Registration District No. 575  
 Township Willowfork Primary Registration District No. 4339  
 City Dipton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Hartman  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**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 Elizabeth Hartman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5<sup>th</sup> 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>11</u>	<u>9</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Moniteau Co. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Hartman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Josephine Veckmans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Brosselles Belgium

14. INFORMANT Joe. Hartman  
 (Address) Dipton Mo.

15. FILED 5-10-29 1929 Mrs. C. E. Fure  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1929

17. I HEREBY CERTIFY That I attended deceased from 4 o'clock, 1929, to April 17, 1929, that I last saw him alive on 4-16, 1929, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pericarditis from  
100%

(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. S. Wilson, M. D.  
 (Address) Portage

\*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 Catholic Cemetery DATE OF BURIAL 4/19 1929

20. UNDERTAKER L. G. Imhoff ADDRESS Dipton Mo.

