

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

Do not use this space.

22288

JUL 18 1936

**1. PLACE OF DEATH**

County Cedar Registration District No. 165  
Township Linn Primary Registration District No. 5231  
City Stockton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. July 9-1936  
Registered No. 164

**2. FULL NAME** Robert Lee Hartley

(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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1971  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker  
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) Montana  
13. NAME John E. Hartley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME Sarah Sherrill  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Theo Hartley  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE June 9, 1936

19. UNDERTAKER W.C. Davis & Co.  
(ADDRESS) Stockton, Mo.

20. FILED July 9, 1936 Miss A. A. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 7, 1936  
I last saw him alive on June 7, 1936 Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

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) A. A. Brown, M. D.  
(Address) Stockton, Mo.

WRITE PLAINLY; WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

