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.

AN 4 1928

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

Do not use this space.

32889

1. PLACE OF DEATH
County Callaway
Township Fulton
City (No. George Bennett Bartley St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 227

2. FULL NAME
(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 30 1856

7. AGE: 71 YEARS | MONTHS: 1 | DAYS: 15 | If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER George Bartley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Margret Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT D. P. Bartley
(Address) Fulton Mo.

15. FILED Nov 17, 1927 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1927, to Nov 15, 1927 that I last saw him alive on Nov 11, 1927, and that death occurred, on the date stated above, at all 8 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, Chronic
(duration) 4 yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis
(duration) 4 yrs. 2 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? Clinical
(Signed) Martin Yates, M. D
11-17, 1927 (Address) Fulton 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: Richland Baptist Church
DATE OF BURIAL: 11/18 1927

20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton Mo.