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

Do not use this space.

7834

File No. 7834

Registered No. 369

1928

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Elizabeth Bartel.

(a) Residence. No. 1 1/2 Miles East, on 102 Road St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed, |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bartel,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 3, 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 39 | 1 | 28 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stewardess

(b) General nature of industry, business, or establishment in which employed (or employer) Golf Club,

(c) Name of employer Highlands Golf & Country Club

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Hungary,

PARENTS

10. NAME OF FATHER John Utz,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Hungary,

12. MAIDEN NAME OF MOTHER Margaret Miller,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Hungary,

14. INFORMANT John Bartel
(Address) R.F.D. # 1 St. Joseph, Mo.

15. FILED MAR 2, 1928 John G. Ott REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1. 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1928, to March 1, 1928 that I last saw h. alive on March 1, 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

12 2 13 / 19 19 / 1928 | 8 | 6 | 8

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction

Chronic cholecystitis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/27/28.

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) H. G. Thompson Jr., M.D.

3/2, 1928 (Address) 525 Charles St.

*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 Mount Olivet Cemetery — DATE OF BURIAL March 3 1928

20. UNDERTAKER Nealon-Belzer-Bowman — ADDRESS 319 S. 10 St.

by S.W. Karle — Funeral Home

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.