

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

Do not use this space.

43097

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
1003
Primary Registration District No. City Hospital #1

File No.....
Registered No. 12387
St..... Ward.....

2. FULL NAME

Francis M. Bartrow
(a) Residence. No. 3505 Nat Bridge Ave 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Janna D. Bartrow</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1-13-1854</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Real Estate</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Agent</u> (c) Name of employer		

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

Mo

PARENTS	10. NAME OF FATHER <u>Louis Bartrow</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>
	12. MAIDEN NAME OF MOTHER <u>Charlotte Harold</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ny</u>

14. INFORMANT Mrs Janna Bartrow
(Address) 4112 N. Newport

15. FILED 19 1929
Mar C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1928
17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 8:50 A.....m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia
102
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) W m a
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
1010
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Ferner, M.D.
12/20 1928 (Address) Dep. Coroner
*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 Bethel Mo DATE OF BURIAL 12-20-1928
20. UNDERTAKER* Provoch and Co ADDRESS 9710 N. Grand

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.

Handwritten marks and scribbles, possibly including the number '2' and other illegible characters.