

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

Do not use this space.

17322

**1. PLACE OF DEATH**

County Buchanan  
 Township.....  
 City St. Joseph, (No. Missouri Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 85  
 Primary Registration District No. 1001

File No. \_\_\_\_\_  
 Registered No. 620

**2. FULL NAME** William Howard Bartle,

(a) Residence. No. 301 South 5th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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** Widowed,  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Ida H. Bartle,

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept. 10, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	8	1	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Railroad Representati  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired,  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Napier,  
 (STATE OR COUNTRY) Michigan,

**10. NAME OF FATHER** W. T. Bartle,

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Philadelphia,  
 (STATE OR COUNTRY) Pennsylvania,

**12. MAIDEN NAME OF MOTHER** Elizabeth Tranger,

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Galzburg,  
 (STATE OR COUNTRY) Illinois,

**14. INFORMANT** George Baxle  
 (Address) Creston, Iowa,

**15. FILED** 11 1929 John G. Wh REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 11 1929

**17. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_  
 \_\_\_\_\_, 1929, to May 11, 1929,  
 that I last saw him alive on May 11, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
P2A  
97

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

**CONTRIBUTORY (SECONDARY)** Hypertension Arterio-  
Sclerosis (duration) 3 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

AND OPERATING PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam  
 (Signed) H.K. Wallace, M. D.

5/13, 1929 (Address) 301 N 8 St South 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** Mount Mora Cemetery **DATE OF BURIAL** May 13, 1929

**20. UNDERTAKER** Heston Be Gale & Bowmer **ADDRESS** 319 S. 10 St.

by J.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. WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11 JUN 24 1929 6 9

PARENTS 2 2 2

