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

Do not use this space.

24281

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Texas

Township: .....

City: Houston (No. ....., ... St. ..... Ward)

Registration District No. 296

Primary Registration District No. 4180

2. FULL NAME James L Bartle

(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. 9 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*)
Male	white	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	1	5	

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

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

PARENTS

10. NAME OF FATHER W. H. Bartle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pomeroy
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Mary Brewer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stockton Green
(STATE OR COUNTRY) Tennessee

14. INFORMANT W. O. Jennings
(Address) Houston Mo

15. Filed July 10, 1929 Ex Stimberg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1928, to July 9, 1929, that I last saw ~~him~~ alive on July 9, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Renal Complex
Gas
90B'
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ✓
(SECONDARY)
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Mrs Carlisle Home Houston Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Personal

(Signed) Ex Stimberg, M. D.

July 10, 1929 (Address) Houston 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: Odd Fellow Cemetery Sedalia Mo
DATE OF BURIAL: July 11 1929

20. UNDERTAKER: W N Harris
ADDRESS: Houston Mo

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.

PERMANENT RECORD

24 1928

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