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.

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

Do not use this space.

14025

1. PLACE OF DEATH
~~County~~ Christian Hospital — Registration District No. 791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 3346
City St. Louis Mo. (No. Christian Hospital St. Ward)

2. FULL NAME (H. G.) Bartholomew, Henry G.
(a) Residence. No. Hartford, Ill. St. 9 Ward. Hartford Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: abt. YEARS 56 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Light tender on river for Government and
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper
(c) Name of employer: No. St. Louis Fishing & Hunt Club

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calhoun Co Ill

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: C. A. Roach
(Address) Wolfe Bldg Granite City Ill

15. FILED ..., 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1930, to Apr. 2, 1930 that I last saw him alive on Apr 2, 1930, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
930
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 1 yrs. 6 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 test
(Signed) S. B. Hughes, M. D.
, 19 (Address) Christian Hospital

*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: Madison Ill — DATE OF BURIAL: Mar 5 1930

20. UNDERTAKER: J. J. Lahey — ADDRESS: Madison Ill