

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

Do not use this space.

18954

File No.
Registered No. 62
St. Ward)

PLACE OF DEATH

County Boyer Registration District No. 201
Township Spauldy Primary Registration District No. 5780
City (No.

2. FULL NAME

James A. Bartlow
(a) Residence, No. 2007 Home 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 5-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Permitting
(b) General nature of industry, business, or establishment in which employed (or employer). I.O.O.F. Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ohio

10. NAME OF FATHER Thos. Bartlow

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Paul A. Rogers
(Address) Liberty, Mo

15. FILED 7/10/30 W. H. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18- 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1929 to June 18, 1930 that I last saw him alive on June 10, 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Angina Pectoris

90 A (duration) 3 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... DATE OF.....
8 Did an operation precede death?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. Matthews, M. D.

June 18, 1930 (Address) Liberty, 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 DATE OF BURIAL
I.O.O.F. Home Cemetery 6/19/ 1930

20. UNDERTAKER ADDRESS
Church-Anchor Co Liberty Mo

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.

