

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

Do not use this space.

26996

1. PLACE OF DEATH

County Jackson Registration District No. 390
 Township Dean Primary Registration District No. _____
 City Kansas City (No. Kansas City Genl Reg) Registered No. 3532
 St. _____ Ward _____

2. FULL NAME Bartell Yessie

(a) Residence. No. 1327 Summit St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-29 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 10-24, 1929, to 8-29, 1930
 that I last saw him alive on 8-29, 1930 and that death occurred, on the date stated above, at 11:15 P. m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bulbar Paralysis
GIA

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55

CONTRIBUTORY (SECONDARY) 73A
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Not known

WHAT TEST CONFIRMED DIAGNOSIS Post mortem
 (Signed) Pat Williams, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

6-30 .1930 (Address) Supt. Gen. Hosp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

*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.

14. INFORMANT Rebecca
 (Address) Kansas City Gen. Hosp.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns Cemetery DATE OF BURIAL Sept 3 1930

15. FILED 9/3 1930 M. M. Crowe REGISTRAR
Asst.

20. UNDERTAKER Quirk & Tobin Co ADDRESS 33 - 4 Main

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.

