

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township Dunford
City Missouri (No. _____)

Registration District No. 872
Primary Registration District No. 45-26

File No. 35166
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 30 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/27/1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Mc Kay, Missouri

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 - 1930 to Oct 27 - 1930, 1930 that I last saw her alive on Oct 26 - 1930, and that death occurred, on the date stated above, at 3 - a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 1874

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 86 8 13

Populera
(duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Bates Co Mo

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

10. NAME OF FATHER Edmond Bartlett

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Kentucky

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Jessie Cook

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) C. L. Ruthless, M. D.

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

10/28, 1930 (Address) Missouri

14. INFORMANT Minnie Mc Kay
(Address) Miss 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.

15. FILED Dec 7, 1930 Mrs R. S. Earl
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miss Cemetery DATE OF BURIAL 10/29/1930
20. UNDERTAKER Ferry Funeral Home Nevada ADDRESS _____

Exact statement of OCCUPATION is very important. Cause of DEATH in plain terms, so that it may be properly classified.

3 1930

