WHITE PLAINE, 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.

DEC 23 1930

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

Do not use this space.

38344

1. PLACE OF DEATH

County Warren — Registration District No. 881 — File No.

Township — Primary Registration District No. 4534 — Registered No. 40

City Warrenton (No. ..... St. ..... Ward)

2. FULL NAME John C. Bartholomaeus

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophie Bartholomaeus

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 22, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Auditor

(b) General nature of industry, business, or establishment in which employed (or employer): In State Auditor's Office

(c) Name of employer: L. D. Thompson

9. BIRTHPLACE (CITY OR TOWN): Baltimore
(STATE OR COUNTRY): Md.

PARENTS

10. NAME OF FATHER: George Bartholomaeus

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

12. MAIDEN NAME OF MOTHER: Not known

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

14. INFORMANT: Mrs. Sophie Bartholomaeus
(Address) Warrenton Mo.

15. FILED Nov. 21, 1930 A. W. Ebeling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1930, to Nov. 19, 1930 that I last saw him alive on Nov. 18, 1930, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of Heart
131 Weeks Compensation
85 B.

(duration) (2) yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? [illegible]

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) A. W. Ebeling, M. D.

Nov. 19, 1930 (Address) Warrenton, 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: Warrenton City Ave — DATE OF BURIAL: 11/2 pct 1930

20. UNDERTAKER: F. A. Nieling — ADDRESS: Warrenton, Mo.