

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

38764

**PLACE OF DEATH**

County Cape Co  
Township Hibble  
City Whitewater (No. ....)

Registration District No. 130  
Primary Registration District No. 1073

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Daniel Henry Bartels

(a) Residence. No. .... St. .... 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 <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dora G. Bartels</u> <u>Gartung</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 27-1866</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. .... min.
	<u>64</u>	<u>9</u>	<u>12</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <u>Farmer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) .....				
(c) Name of employer .....				
9. BIRTHPLACE (CITY OR TOWN) <u>Whitewater</u> (STATE OR COUNTRY) <u>Mo</u>				
PARENTS	10. NAME OF FATHER <u>Henry Bartels</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) .....			
	12. MAIDEN NAME OF MOTHER <u>Wilhelmina Nordhoff</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) .....			

14. INFORMANT Mrs. Simon Gartung  
(Address) Whitewater Mo

15. FILED 12/10/30 J.M. Slagle  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

✓

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9- 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1930, to Dec 9, 1930 that I last saw h alive on Dec 7, 1930, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis

181  
111B

(duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia  
(duration) yrs. .... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED 1290  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS C.P. Nelson  
(Signed) ....., M. D.

(Address) Jackson 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 <u>Methodist Cemetery</u>	DATE OF BURIAL <u>12-10-1930</u>
20. UNDERTAKER <u>Crawford Miller</u>	ADDRESS <u>Jackson Mo</u>

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.

1801 G P 100

