

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.

MAY 27 1931

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

Do not use this space.

1. PLACE OF DEATH

County Mercer
Township Ransom
City Green City (No.)

Registration District No. 556
Primary Registration District No. 5751

File No. 14956
Registered No. 7
St. Ward

2. FULL NAME

Hugh Bryan Bartlett
(a) Residence. No. St. Ward.
(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. (If nonresident give city or town and State)

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 Ruth Bartlett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
22 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 192
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Green City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Bonjamin T. Bartlett11. BIRTHPLACE OF FATHER (CITY OR TOWN) Green City
(STATE OR COUNTRY) Mo12. MAIDEN NAME OF MOTHER Anna Frosier13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Green City
(STATE OR COUNTRY) Mo

14. INFORMANT Ruth Bartlett
(Address) RFD Green City Mo

15. FILED 4/15/31 Green City Mo
REGISTRAR Conanach

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1931

17. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....
that I last saw him alive on, 19...., and that death occurred, on the date stated above, at 3 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental - stroke of lightning
out in his field on steel
disc - when struck by lightning

CONTRIBUTORY (SECONDARY)

No Physiological products

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

B DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas Callaway4/14, 19 31 (Address) Green City

*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

Green City Mo
Green City Mo

4/16 19 31

20. UNDERTAKER

ADDRESS

Martin Funeral Home

Green City Mo

