

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.

JUL 22 1931

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

Do not use this space.

20671

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1709 South 8 street)

File No. _____
Registered No. 689
St. _____ Ward _____

2. FULL NAME Clara Bartsisser

(a) Residence, No. 1709 south 8 street St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 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 Female 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 John Bartsisser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>50</u>	<u>5</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House keeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>self</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

MOTHER FATHER 13. NAME John Kroner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Unknown

15. MAIDEN NAME Minnie Meise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millwaukee, Wisconsin

17. INFORMANT Molly Le ranz (ADDRESS) Hurlington, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Ill DATE 6-29 31

19. UNDERTAKER H. C. Sidenfaden (ADDRESS) 1802 Union st. St. Joseph Mo

20. FILED 6-29 1931 John W Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to June 27, 1931
I last saw OR alive on June 27, 1931. Death is said to have occurred on the date stated above, at 3:10A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
June 27-1931
821 J. W. W.
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical as there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? h Date of injury h, 1931
Where did injury occur? h (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury h
Nature of injury h

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Charles H. Werner, M. D.
(Address) 315 Kirkpatrick Bldg

