

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

Do not use this space.

22660

1. PLACE OF DEATH

County *St. Louis* Registration District No. *789*
Township *Central* Primary Registration District No. *6033B* File No. _____
City *Camden* (No. *8838 Windsor Ave*) Registered No. *220* St. _____ Ward _____

2. FULL NAME

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Delaney</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 29 1854</i>		
7. AGE	YEARS <i>77</i>	MONTHS <i>5</i>
	DAYS <i>0</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <i>Illinois</i>		
FATHER	13. NAME <i>Levi E Bartlett</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Minerva Tully</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Robert E. Delaney 8838 Windsor Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>7/2 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Arthur J. Drummly 2039 West St</i>		
20. FILED <i>6/30 1931</i> <i>J. J. Bray, M.D. Registrar.</i>		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/29 1931*

22. I HEREBY CERTIFY, That I attended deceased from *May 1 1931* to *June 29 1931*
I last saw him alive on *June 29 1931* Death is said to have occurred on the date stated above, at *11:36 p.m.*
The principal cause of death and related causes of importance were as follows:
Serulili + Cardio + Renal Disease ?
95B
102
Other contributory causes of importance:
None 95B

Name of operation *None* Date of _____
What test confirmed diagnosis *Specimens* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *James J. Tully* M. D.
(Address) *612 5th St. St. Louis Mo*

JUL 28 1931

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.

5235, 1912