

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

Do not use this space.

33594

**1. PLACE OF DEATH**

County Boone Registration District No. 73  
Township Columbia Primary Registration District No. 3006  
City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 223

**2. FULL NAME**

(a) Residence, No. 411 Pratt 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>Male</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24-1879</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation _____
	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) _____	

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Oct 20, 1931  
I last saw him alive on Oct 20, 1931. Death is said to have occurred on the date stated above, at 3:35 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate, Urinary retention and uremia.  
Other contributory causes of importance:  
Generalized carcinomatosis.  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Frank E. DeSnoyer, M. D.  
(Address) Columbia Mo

Date of onset  
Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

FATHER

13. NAME Joseph Bartle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ida

MOTHER

15. MAIDEN NAME Eliza Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Charles Bartle  
(ADDRESS) Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL  
Place St. Paul DATE Oct 22 1931

19. UNDERTAKER Walter Baker  
(ADDRESS) Columbia Mo

20. FILED 10/21 1931 F. C. Suggitt  
Registrar.

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.

NOV 2 1931

