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.

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

Do not use this space.

35182

1. PLACE OF DEATH

County Nodaway — Registration District No. 618 — File No.

Township ~~Nodaway~~ — Primary Registration District No. 4369 — Registered No.

City Burlington Jct. Mo. (No. , St. Ward)

2. FULL NAME Albert K. Bartlett

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Bartlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1872

7. AGE — YEARS: 59 — MONTHS: 0 — DAYS: 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) Saline Co. Nebr.

FATHER
13. NAME Norman H. Bartlett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watertown N.Y.

MOTHER
15. MAIDEN NAME Melvila Vorce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saginaw Mich

17. INFORMANT (ADDRESS) Mrs Sadie Bartlett Burlington Jct Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dawsonville Mo. DATE 11/1/31, 19

19. UNDERTAKER (ADDRESS) [signature]

20. FILED Nov 10, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 28th, 1931, to Oct 28th, 1931
I last saw him alive on Oct 28th, 1931. Death is said to have occurred on the date stated above, at 11:30 m. PM
The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset Oct 22 31
107B
109A
109

Other contributory causes of importance: Capillary Bronchitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) [signature], M. D.
(Address) Burlington Junction Mo