

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

Do not use this space.

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35492-a
Registered No. 22

1. PLACE OF DEATH

County St. Clair
Township Chalkville
City (No.) St. Ward)

Registration District No. 763
Primary Registration District No. 6006

2. FULL NAME

Infant (No Name) Bartlett

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 2 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
few hrs — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Near Leary City mo

13. NAME Lunden Bartlett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Better Mo Bates Co

15. MAIDEN NAME Francis Babler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayco Mo St. Clair

17. INFORMANT L. S. Bartlett
(ADDRESS) Leary City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Better Mo DATE 10/20/31

19. UNDERTAKER H. Clutter
(ADDRESS) Leary City Mo

20. FILED 7/10 1933 Leo S. Wright
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on Oct 19, 1931. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

premature Birth
Seven Months
unknown Cause

Other contributory causes of importance: _____

159 159

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? _____

If so, specify _____

(Signed) C. S. Stratton, M. D.
(Address) Leary City Mo

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.

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