

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

Do not use this space.

36631

1. PLACE OF DEATH

County Sullivan

Registration District No. 852

Township 2

Primary Registration District No. 6120

City Milan (No. St. Ward)

File No.

Registered No. 47

2. FULL NAME

Mark Bartley

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha June Bartley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
92 4 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe Co., Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER William Bartley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Simpson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Frank Mason
(Address) Milan, Mo.

15. FILED 10/26/31 Barth McClay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23 1931

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Oct 23, 1931 that I last saw him alive on Oct 16, 1931, and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
131
several
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. D. Garner M. D.
10/24, 1931 (Address) Milan, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Wood Cem. Milan DATE OF BURIAL Oct 25 1931

20. UNDERTAKER C. A. Schoene ADDRESS Milan, Mo.

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.

DEC 26 1931

