

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 24 1931

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

Do not use this space.

37254

1. PLACE OF DEATH

County Dade
Township Lackwood
City Lackwood (No. _____)

Registration District No. 238
Primary Registration District No. 4145

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Wilhemine Katherine Barthling
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Henry Barthling
6. DATE OF BIRTH (MONTH, DAY AND YEAR) march 18-1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Knivville Ill
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Henry Winter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hake
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT A. H. Barthling
(Address) Ardenmore Okla

15. FILED 11-10-1931 J. A. Wren
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1st 1931
17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to Nov 1, 1931, that I last saw her alive on Nov 1, 1931, and that death occurred, on the date stated above, at 6 o'clock A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED W

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John McDevitt, M. D.

11-10-1931 (Address) Lackwood 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

DATE OF BURIAL

Lackwood Lutheran Cemetery Nov 3 1931

20. UNDERTAKER

ADDRESS

R. L. Harnschild Lackwood Mo

