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.

JUN 21 1932

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

Do not use this space.

15572

1. PLACE OF DEATH
21) County Chariton
Township Clark
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 174
Primary Registration District No. 5242

File No. .....
Registered No. .....

2. FULL NAME Henry Giles Bartholomew

(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. ds. 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: Cora (Porter) Bartholomew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 7 1869

7. AGE: YEARS 62 | MONTHS 4 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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): New York 2

FATHER
13. NAME: Lucian Bartholomew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 31

MOTHER
15. MAIDEN NAME: Abbie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Hazel Fox Marceline Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE May 7 1932

19. UNDERTAKER (ADDRESS): Jas M Laughlin Marceline Mo

20. FILED 5-6-1932 U. G. Buck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 5, 1932
I last saw him alive on May 5, 1932. Death is said to have occurred on the date stated above, at 1 P.m.
The principal cause of death and related causes of importance were as follows:

"Apoplexy"

27A

Date of onset

Other contributory causes of importance:

3

Name of operation None Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

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) Dr. Craig Cornett D.O. M. D.
(Address) Marceline Mo.