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.

AUG 23 1932

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

Do not use this space.

22396

1. PLACE OF DEATH

31 County Daviess — Registration District No. 255 — File No.

Township Colfax — Primary Registration District No. 5356 — Registered No. 10

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Emma J 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: 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 Geo. Bartlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1866

7. AGE: YEARS 67 — MONTHS 6 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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) Mo 1

FATHER

13. NAME Geo. W. Caster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER

15. MAIDEN NAME Hester F Caster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Geo. Bartlett Winston Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Winston DATE 7/7 1932

19. UNDERTAKER (ADDRESS) H E Stroup

20. FILED 8/6 1932 D M Clagett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to July 5, 1932

I last saw her alive on July 4, 1932. Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Cerebral hemorrhage — Date of onset May 2 1932

Other contributory causes of importance:

Bronchial pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Pathology 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) Fred K Wilson, M. D.

(Address) Winston Mo.