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.

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

Do not use this space. 22862

File No. 2772

Registered No.

1. PLACE OF DEATH

County Jackson  Registration District No.

Township Kaw  Primary Registration District No.

City Kansas City  (No. Research Hospital St.  Ward)

2. FULL NAME Mrs. Ada Belle Bartels

(a) Residence, No. Route # 2, Liberty Mo 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: 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 Edward Bartels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1888

7. AGE: Years 43  Months 6  Days 19  If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Akron (STATE OR COUNTRY) Colorado

FATHER

13. NAME John Burden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME Lettie Webster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Edward Bartels (ADDRESS) Route #2 - Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATE 7-16 19

19. UNDERTAKER Quirk & Tobin Co (ADDRESS) 20 W Linwood

20. FILED 7/16 1932 M. M. Crowe Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 14, 1932. I last saw her alive on June 14, 1932. Death is said to have occurred on the date stated above, at 1:30 P M. The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  Date of onset July 10

Other contributory causes of importance: Incomplete abortion following an induced abortion. Sepsis and anuria

Name of operation Curettage  Date of July 8 1932

What test confirmed diagnosis? Clinical  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? Caught cause from patient at home. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In house helping to cook a hog

Manner of injury Fell backward

Nature of injury Causing severe flow

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible], M. D.

(Address) Mart[illegible] Kansas City Mo