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

Do not use this space.

File No. 29169
Registered No. 287

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. 9732, Winner Road St. Ward)

Registration District No. 398
Primary Registration District No. 5554

2. FULL NAME Emma Dell Bartley

(a) Residence, No. 9732 Winner Road. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 26 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Sept., 1931
11. Total time (years) spent in this occupation 33 1/3

12. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

FATHER

13. NAME Elbridge H. Bartley
14. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Sarah E. Hart
16. BIRTHPLACE (CITY OR TOWN) Jeffersontown
(STATE OR COUNTRY) Kentucky.

17. INFORMANT Miss Fannie S. Bartley
(ADDRESS) 9732 Winner Road.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 9/14/32 19

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED Sept 13 1932 T. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Sept 12, 1932
I last saw h. alive on Sept 12, 1932. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Carcinoma primarily in left breast & metastasized all over the body	

Other contributory causes of importance:

Name of operation none Date of
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? (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) C. O. Allen, M. D.
(Address) Independence 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. C. H. [illegible]
[illegible] 2010.