

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

Do not use this space.

30202

1. PLACE OF DEATH

94 County St. Francois Registration District No. 175
Township Marian Primary Registration District No. 60th
City De Witt No. _____ St. _____ Ward _____

2. FULL NAME

Walter Bohinski Bartusky
(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 <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Not Known</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 25-1896</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>7</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Poland</u> <u>Mo.</u>		
FATHER	13. NAME <u>Not Known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u> <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
17. INFORMANT (ADDRESS) <u>Chris Bohinski</u> <u>Bonne Terre, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bonne Terre, Mo.</u> DATE <u>Sept 12, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Berham and Co.</u> <u>Bonne Terre, Mo.</u>		
20. FILED <u>9/12</u> 19 <u>32</u> <u>T. A. Don</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1932
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 11 P. M.
The principal cause of death and related causes of importance were as follows:
Natural causes to the jury inspection
(Coroner's Verdict)
Home on farm
Other contributory causes of importance: 5
200A 200W
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) R. B. Lester Coroner, M. D.
(Address) De Witt Mo.

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.

Oct 28 1932

