

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.

JAN 5 1933

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

Do not use this space.

38080

1. PLACE OF DEATH
105 County Sullivan Registration District No. 851
4 Township Humphreys Primary Registration District No. 4517
1 City Humphreys (No.) St. Ward)
2. FULL NAME Isaac Bartow
(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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13, 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
89 2 4
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 2
PARENTS
10. NAME OF FATHER Jacob Bartow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Mary Nitze
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.
14. INFORMANT Mrs Cora Chappell
(Address) Humphreys Mo
15. FILED 1/19 1932 J. H. Sheets REGISTRAR

☒ MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1932
17. I HEREBY CERTIFY, That I attended deceased from January, 1931 to Nov 18, 1932
that I last saw him alive on Nov 17, 1932 and that death occurred, on the date stated above, at 5:00 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart
97B
97
(duration) yrs. mos. ds.
CONTRIBUTORY arterio sclerosis
(SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED PA
IF NOT AT PLACE OF DEATH 8
DID AN OPERATION PRECEDE DEATH? 8 DATE OF 1
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. M. Currier M. D.
, 19 (Address) Humphreys Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Humphreys Mo. Cem. Nov 19- 1932
20. UNDERTAKER ADDRESS
At Paym Son Galt Mo.

