1933

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 269

Township: — Primary Registration District No. 1001 — Registered No. 21

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME John Barthold

(a) Residence. No. 502 No. 26th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie C. Barthold

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 29, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	78	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Leather worker,
(b) General nature of industry, business, or establishment in which employed (or employer): Wyeth Hdw. & Mfg. Co.
(c) Name of employer: Last worked, Nov, 1932 40 yrs.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galena, Illinois.

PARENTS

10. NAME OF FATHER: Ernest Barthold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Saxony, Ger.

12. MAIDEN NAME OF MOTHER: Johanna C. Rudolf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Saxony, Ger.

14. INFORMANT: Mrs. Minnie C. Barthold
(Address) 502 No. 26th. St. St. Joseph, Mo.

15. FILED 1-7, 1933 — John R. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 5 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1932, to Jan. 5, 1933 that I last saw h.i.m. alive on Jan 5, 1933, and that death occurred, on the date stated above, at 10.20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia arteriosclerosis
(duration) 0 yrs. 0 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Cabray Wortley, M. D.
Jan. 5, 1932 (Address) 731 Faraon St. St. Joseph, 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: Memorial Park Cemetery — DATE OF BURIAL: Jan, 7, 1933

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St. St. Joseph, 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.