

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.

MAR 2 1933

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

Do not use this space.

2417

1. PLACE OF DEATH
 68 County Monticau Registration District No. 1095
 2 Township Moreau Primary Registration District No. 4336
 1 City Clarksburg, Mo. St. _____ Ward _____

2. FULL NAME Franklin Bartlett
 (a) Residence, No. Clarksburg 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>73</u>	<u>11</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 117

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 125

10. Date deceased last worked at this occupation (month and year) 20 ago 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Mo.

MOTHER FATHER

13. NAME James Bartlett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Rachel McKissic

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Jerry Cantlon
(ADDRESS) Clarksburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Latham Mo. DATE Jan 24 1933

19. UNDERTAKER Max W. Smith
(ADDRESS) Clarksburg Mo.

20. FILED Jan 28 1933 J. C. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-7-1933, to 1-23-1933
 I last saw him alive on 1-23-1933. Death is said to have occurred on the date stated above, at 7:20 a.m.
 The principal cause of death and related causes of importance were as follows:
ulceration of stomach Date of onset unknown
1170
 Other contributory causes of importance:
Insipidity of liver

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. P. Harris, M. D.
 (Address) Clarksburg, Mo.

