

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

Do not use this space.

13026

1. PLACE OF DEATH

40 County Greene
Township Milam
City Fairfax (No. _____) St. _____ Ward _____

Registration District No. 318
Primary Registration District No. 5455

File No. _____
Registered No. _____

2. FULL NAME

Lawrence Charles Bartruff

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julea Evers Roman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28 - 1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>7</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret. Printer</u>		IF LESS than 1 day, _____ hrs. or _____ min.
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>Burlington Iowa</u>
13. NAME <u>John S. Bartruff</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankford Va.</u>
15. MAIDEN NAME <u>Anna M. Ferry</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Redding Pa.</u>
17. INFORMANT (ADDRESS) <u>Gladys Bartruff</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ch. Myrland</u> DATE <u>Apr. 11 1933</u>
19. UNDERTAKER (ADDRESS) <u>C. F. Robertson</u>
20. FILED <u>4-10</u> 19 <u>33</u> <u>C. F. Robertson</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-23 1933, to 4-8 1933. I last saw him alive on 4-8 1933. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

myocardial insufficiency
arterial sclerosis
Other contributory causes of importance:
Chronic Juxtalveolar Nephritis

Name of operation none 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? no Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Ray G. Gray, M. D.
(Address) Lafayette Miss.

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.

MAY 22 1933

MARGIN RESERVED FOR BINDING

U.S. NO. 2

