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

Do not use this space.

15484

JUN 24 1933

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.

1. PLACE OF DEATH

County Sullivan — Registration District No. 852 — File No.

Township Jackson — Primary Registration District No. 6124 — Registered No.

City — (No. — St. — Ward)

2. FULL NAME Hugh M. Bartlett

(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): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Bartlett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-24-1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	1	28	

8. OCCUPATION OF DECEASED 95B
(a) Trade, profession, or particular kind of work: Farmer 100B
(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) Kentucky

PARENTS

10. NAME OF FATHER Sol Bartlett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Elizabeth Braden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Ben Bartlett
(Address) Green City Mo

15. FILED 4/29 1933 Mayme Calfee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22 1933

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1933, to Apr. 22, 1933 that I last saw h— alive on Apr. 12, 1933, and that death occurred, on the date stated above, at 6 .m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Hypertrophy 95B

Dont know (duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

Possibly (duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

Did an operation precede death? No. Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & chem.

(Signed) J. C. Roberts, M. D.

, 19 (Address) Pollock, 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: Green City

DATE OF BURIAL: 4-23 1933

20. UNDERTAKER: Glenn E. Kent

ADDRESS: Green City Mo