

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.

WHITE FEMALE, BIRTH DURING INFANCY THIS IS A PERMANENT RECORD

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

Do not use this space.

20659

1. PLACE OF DEATH

County Jefferson

Registration District No. 668

File No.

Township Sidalia

Primary Registration District No. 3032

Registered No. 169

City Sidalia (No. 1301 S. Grand)

St. Sidalia Ward 1

2. FULL NAME

(a) Residence, No. 1301 S. Grand St., Sidalia 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? 37 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 Katie Bartholomay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1860

7. AGE YEARS 73 MONTHS 1 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. K. J. Shops

10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Do not know

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

15. MAIDEN NAME Do not know

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

17. INFORMANT Mrs. Katie Bartholomay (ADDRESS) Sidalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE July 3, 1933

19. UNDERTAKER Mrs. L. J. Deos (ADDRESS) Sidalia

20. FILED July 3, 1933 Jeann Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY, that I attended deceased from April 30, 1933 to June 30, 1933

I last saw him alive on June 29, 1933 Death is said

to have occurred on the date stated above, at 2:30 a.m.

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

Chronic Parenchymatous Date of onset Do not know

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Other contributory causes of importance: none

Name of operation none Date of none

What test confirmed diagnosis? none 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 none, 19 none

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 none

(Signed) Chas. M. M. D.

(Address) Sidalia

