

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.

MS 2 B, 305

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

Do not use this space.

22590

1. PLACE OF DEATH
 21 County Chariton Registration District No. 172
 4 Township Mendon Primary Registration District No. 4101
 City Mendon (No. _____) St. _____ Ward _____
 12. FULL NAME Robert Allen Bartch
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF → Anna Bartch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 27
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Carroll Co Ia
 FATHER
 13. NAME William Bartch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Iowa
 MOTHER
 15. MAIDEN NAME Mary Allen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wierport Ia
 17. INFORMANT (ADDRESS) Mrs R.A. Bartch
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sibona DATE July 27 1933
 19. UNDERTAKER (ADDRESS) J. S. Baird Mendon Mo
 20. FILED 7/26 1933 Wm West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to July 25, 1933
 I last saw him alive on July 25, 1933. Death is said to have occurred on the date stated above, at 5:30 m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
82A
87-11
 Other contributory causes of importance:
 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) M. B. Beard, M. D.
 (Address) Mendon Mo

