WRITE PLAINLY, WITH INDELIBLE 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.

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

MAR 24 1934

Do not use this space.

File No. 4920
Registered No. 644

1. PLACE OF DEATH

County Jackson — Registration District No. 391
Township ~~Kaw~~ — Primary Registration District No. 6034
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME David L. Bartlett

(a) Residence, No. 532 Pierce 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 13, 1927

7. AGE: Years 6 — Months 9 — Days 25 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
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): Kansas City, Missouri

FATHER

13. NAME: Jerome Bartlett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri

MOTHER

15. MAIDEN NAME: Jennie Hockaday
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia, Missouri

17. INFORMANT (ADDRESS): Jerome Bartlett, 532 Pierce

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Forest Hill Cem. DATE: 2-10 1934

19. UNDERTAKER (ADDRESS): Stuart McClure, 8235 Wornall Place

20. FILED: Feb 10, 1934 M M Crowe, Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Feb. 8, 1934, that I last saw h. alive on Feb 8 - 1934, 19.. Death is said to have occurred on the date stated above, at 2:52 m. P.

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

| | Date of onset |
|---|---|
| Septic Meningitis | Feb 7 |
| 39 B | |
| 85 A | |
| 49 A | |
| Other contributory causes of importance: | |
| Lateral Sinus Thrombosis | Approx Feb 1 |
| Sub-acute Mastoiditis | Jan 15 |

Name of operation: Mastoidectomy — Date of operation: Feb 7-34
What test confirmed diagnosis? Operation — Was there an autopsy? Yes.

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? No
If so, specify

(Signed) John O Knight, M. D.
(Address) 1324 Professional Bldg