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.

AUG 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 21159

Township Mason — Primary Registration District No. 3029 — Registered No. 182

City Hannibal (No. ..., St Elizabeth Hospital St. 6th Ward)

2. FULL NAME Flora M. Bartram

(a) Residence, No. 1506 Booker St., 4th 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: Female
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: Rufus W. Bartram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6, 1868

7. AGE: YEARS 65 — MONTHS 9/10 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
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): New London Missouri

FATHER

13. NAME: William E. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

MOTHER

15. MAIDEN NAME: Margaret Ann Mayhall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data.

17. INFORMANT (ADDRESS): Mr. R. W. Bartram (Husband) 1506 Booker Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE June 23, 1934

19. UNDERTAKER (ADDRESS): Wm M. Smith 902 Bdwy, Hannibal, Mo

20. FILED June 25, 1934 R. M. Isbister Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1934, to June 21, 1934

I last saw her alive on June 21, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Carcinoma Pancreas	
and Liver	
46E	
46E	

Other contributory causes of importance:

Name of operation: Gall bladder [illegible] Date of June 16

What test confirmed diagnosis? Gallbladder Was there an autopsy? no

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) A. L. Shaw, M. D.

(Address) Hannibal Mo