

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

Do not use this space.

OCT 17 1934

33036

1. PLACE OF DEATH

County Jackson
Township Jaw
City Kansas City

Registration District No. 399
Primary Registration District No. 002

File No. _____
Registered No. 4375
St. _____ Ward _____

2. FULL NAME

Lloyd Bartholomee Bartholomee

(a) Residence, No. 2352 Denver St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 34 0 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

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) Washington
(STATE OR COUNTRY) Iowa

MOTHER 13. NAME Gene Bartholomee

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

15. MAIDEN NAME Ella Crowles

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

17. INFORMANT Paula Clark
(ADDRESS) RCA Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brookings NO. DATE 9-29-34

19. UNDERTAKER Mrs. E. L. Foster
(ADDRESS) 918 Brookings Ave

20. FILED 9/28 1934 M.M. Crow
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5-34 to 9-27-34
I last saw him alive on 9-27-34. Death is said to have occurred on the date stated above, at 12:05 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia Date of onset _____

107A

Other contributory causes of importance: 107A

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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? _____
If so, specify _____

(Signed) P. F. J. Maria, M. D.
(Address) Asst Supt YCC Gen Hosp

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.

