OCT 18 19

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

Do not use this space.

35079

1. PLACE OF DEATH
County Wright — Registration District No. 908
~~Township~~ Mon Jone — Primary Registration District No. 4549
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 47

2. FULL NAME Martha Ann Barthelow

(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 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: James Barthelow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 2 1855

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	9	27	

OCCUPATION

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

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): Indiana

FATHER

13. NAME: Hickman

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

MOTHER

15. MAIDEN NAME: Taylor

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

17. INFORMANT (ADDRESS): Jesse Barthelow Mtn Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Shutts DATE 9-7- 1934

19. UNDERTAKER (ADDRESS): Botten & Funeral Home Mtn Grove Mo

20. FILED 9-7- 1934 Bernice Mortzmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9- 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 - 1934 to Sept 7 1934
I last saw her alive on July 29 1934. Death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Entero-Colitis — Date of onset .....
120 lb

Other contributory causes of importance: Pneumonia

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) R. A. Ryan, M. D.
(Address) Mtn Grove

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD