

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

Do not use this space.

8590

APR 7 1935

1. PLACE OF DEATH

29 County Bole  
4 Township Lackawood  
City Lackawood (No. ....)

Registration District No. 238

Primary Registration District No. 4145

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME

(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 5 1/2 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Alvina Barthling  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
68 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant  
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) New Windsor Ill

13. NAME Fredrick Barthling

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

15. MAIDEN NAME Fredrika Lindner

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

17. INFORMANT George Barthling (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lackawood DATE April 3 1935

19. UNDERTAKER B. L. Harnschuld (ADDRESS) Lackawood Mo

20. FILED 4-4 1935 J. A. Whelan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 26 1935 March 31 1935

I last saw him alive on March 31 1935. Death is said to have occurred on the date stated above, at 11:30 A. m.

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

Dilatation of Heart  
Arteriosclerosis

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) J. A. Whelan M. D.

(Address) Lackawood Mo

