

JUL 29 1935

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

Do not use this space.

21881

1. PLACE OF DEATH

105 County *Lullivan*
Township *Green*
City *Green* (No.)

Registration District No. *849*
Primary Registration District No. *6114A*

File No.
Registered No. *20*
St. Ward)

2. FULL NAME *Loucy Bartlett*

(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 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) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Harmon Bartlett*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 9 1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 15

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.

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) *Marion Co. Mo.*

13. NAME *James Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Elizabeth Blawie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT (ADDRESS) *Mrs Beulah Lee Green City Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green City* DATE *June 8 1935*

19. UNDERTAKER (ADDRESS) *Green E. Reut Green City Mo*

20. FILED *July 9 1935 Virginia Libran Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 7 1935*

22. I HEREBY CERTIFY That I attended deceased from *Apr 1 1933* to *June 7 1935*
I last saw her alive on *June 6 1935* Death is said to have occurred on the date stated above, at m.

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

Chronic Valvular disease of the heart Date of onset

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) *W. H. Livingston M.D.* M. D.
(Address) *Green City Mo*

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.

