

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

Do not use this space.

SEP 16 1935

27734

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.
 City **St. Louis Mo.** (No. **1328**) **Bret av.** St. Ward)

File No.....
 Registered No. **6783**
 St. Ward)

2. FULL NAME *Daniel Halbert Bartlett*

(a) Residence, No. **1328** **Bret av.** St., **6** 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. da.

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 **Francis Roden Bartlett**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 12, 1880.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	54.	9.	24.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil.**
 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) **St. Louis Mo**

13. NAME **Daniel H. Bartlett**

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

15. MAIDEN NAME **Helen Pine**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT **Francis R. Bartlett**
 (ADDRESS) **1328 Bret av.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Bellefontaine** DATE **Aug. 9, 1935**

19. UNDERTAKER **Edith E. Ambrose**
 (ADDRESS) **4224 Maryland av.**

20. FILED **ALG - S 1935** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 6, 1935**

22. I HEREBY CERTIFY That I attended deceased from **Aug 6, 1935** to **Aug 6, 1935**
 I last saw him alive on **Aug 6, 1935** Death is said to have occurred on the date stated above, at **10450** am.

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

Intestinal Obstruction
127
 Other contributory causes of importance:
Strangulated Hernia

Name of operation **None** Date of _____
 What test confirmed diagnosis? **Clinical** Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** 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? **No**
 If so, specify _____
 (Signed) **Robert D. Sanders**, M. D.
 (Address) **1452 NW**

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 CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Dr. Robert Sanders
1845 Washington