

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

Do not use this space.

508

FEB 18 1936

1. PLACE OF DEATH

County Wassell
Township Huron
City (No. _____) _____

Registration District No. 137
Primary Registration District No. 5195

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Elva 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

MEDICAL CERTIFICATE OF DEATH

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 Augustus Bartlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 11

8. Trade, profession, or particular kind of work done, as airplane Sawyer, bookkeeper, etc. Housekeeper

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) Illinois

13. NAME Andrew Summers

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

15. MAIDEN NAME Katharine Kyle

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

17. INFORMANT Exp. Bartlett (ADDRESS) Hale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Haley Cemetery DATE Jan 6 1936

19. UNDERTAKER Frank G. Slater (ADDRESS) Hale, Mo.

20. FILED 17 Jan 1936 Mrs. Ruby Bunker Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1936

22. I HEREBY CERTIFY that I attended deceased from April 11 1935 to Jan 4 1936. I last saw h. m. alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis and Myocardial degeneration

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? No.

If so, specify _____
(Signed) J. C. Cornelius, M.D. M.-D.
(Address) Hale, Mo.

CAUSE OF DEATH... may be properly classified. Exact statement of OCCUPATION IS...

