

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.

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

Do not use this space.

FEB 23 1936

1. PLACE OF DEATH

County Llano
Township Jackson
City (No.)

Registration District No. 853
Primary Registration District No. 6124

File No. 4239
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Hugh M Bartlett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home on farm
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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Monroe Co. Kentucky (STATE OR COUNTRY)
13. NAME Cyrus M. Pitcock
14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)
15. MAIDEN NAME Elij. Hagan
16. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY)
17. INFORMANT Mrs. John Wyatt (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL Chenoweths, Minn Jan 3 1936
19. UNDERTAKER C. A. Schone (ADDRESS)
20. FILED Feb 3 1936 Chas Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 31 1935

I last saw her alive on Dec 31 1935. Death is said to have occurred on the date stated above, at 12:00 p. m.

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

Chronic Nephritis
(on coma 4 days)

Date of onset

Other contributory causes of importance: History of cancer of the uterus of which I know nothing

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? Yes
If so, specify

(Signed) Chas Hagan, M. D.

(Address)

