

APR 16 1936

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

Do not use this space.

9724

1. PLACE OF DEATH

County Chariton
Township Clark
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 111
Primary Registration District No. 344

File No. _____
Registered No. _____

2. FULL NAME Thomas Bartlett (probably) *found on R.R. property near Donover crossing*
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Don't know

FATHER
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wt Claret DATE Mar 30 1936

19. UNDERTAKER (ADDRESS) Jas M Laughlin
Marion Mo

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1936

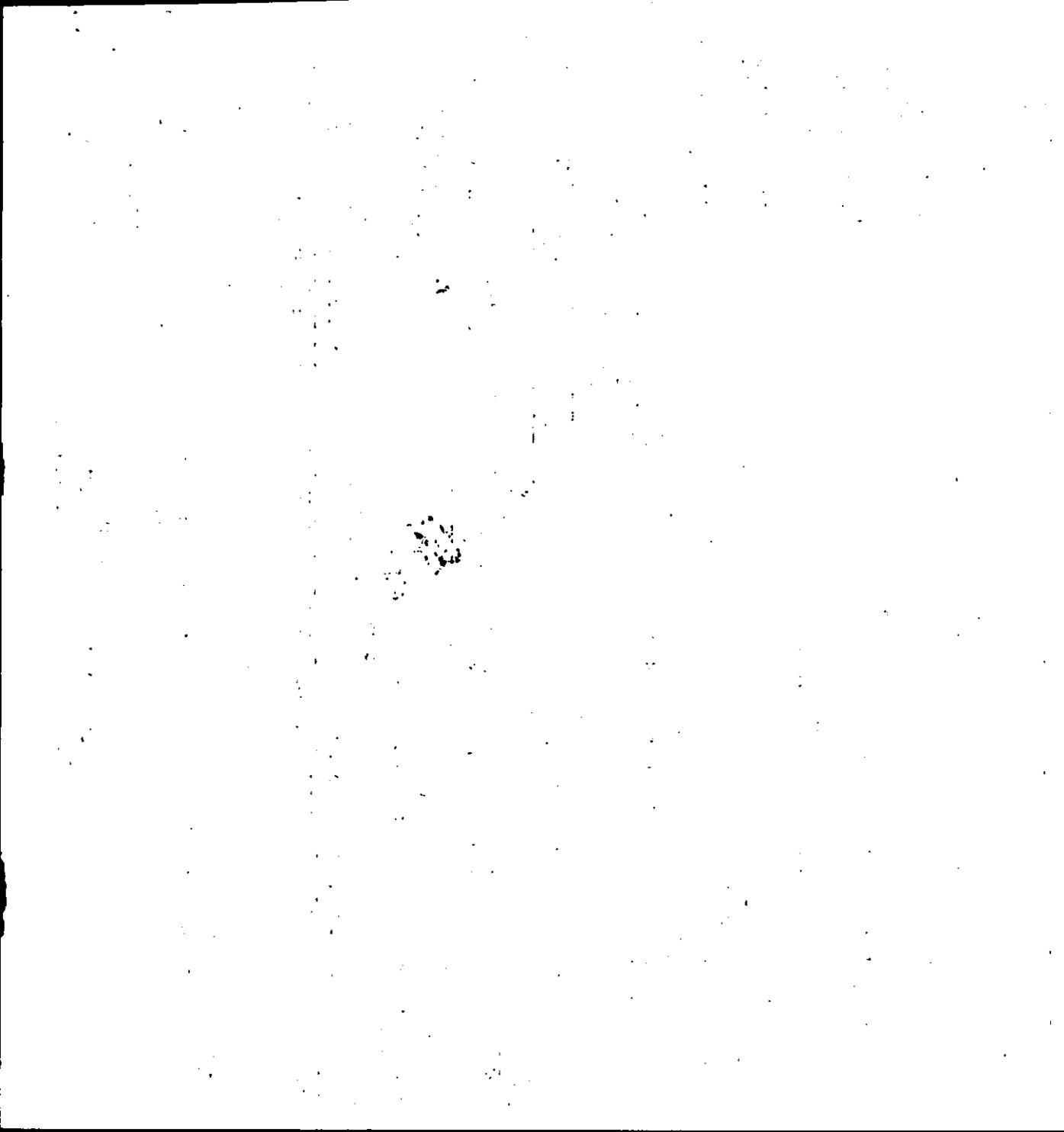
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Perforated liver and right kidney result of being struck by a train (Green Case)
Date of onset 3-24-36
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Egan Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-24, 1936.
Where did injury occur? Black Hawk, Iowa, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On I. S. Railway, right of way
Manner of injury Fell off train
Nature of injury Injured liver and right kidney

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. L. Harris, M. D.
(Address) Salesbury Mo



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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Clark
City (No. _____) _____

Registration District No. 174
Primary Registration District No. 5242

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

2. FULL NAME

Thomas Fredrick Bartelt

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

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. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1920

I last saw h. _____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS 15 6 5
LESS than 1 hr. min.

to have occurred on the date stated above, at 11 p.m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 _____

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

Ruptured liver & Right Kidney result of being struck by a train
(Coroner's case)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetmore S. Dakota

Other contributory causes of importance: none

13. NAME George Bartelt

Name of operation _____ Date of _____

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

What test confirmed diagnosis? exam Was there an autopsy? no

15. MAIDEN NAME Bessie Bothwell

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 2-21 1936

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Iowa

Where did injury occur? Clark Sup. Chariton Co. Mo.
(Specify city or town, county, and State)

17. INFORMANT Mrs Bessie Forster
(ADDRESS) Missouri Valley Iowa

Specify whether injury occurred in industry, in home, or in public place. R.I. & B.F. Railway right of way

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE May 31 1936

Manner of injury Fell off train

19. UNDERTAKER Joe M. Daughlin
(ADDRESS) Marquette Mo

Nature of injury Injured liver & right kidney

20. FILED 4/3 1936 Chariton
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) F. R. Harms (Coroner), M. D.
(Address) Salisbury Mo

IMPLEMENTAL

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