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.

15945

1. PLACE OF DEATH
County Livingston — Registration District No. 516 — File No.
Township Medicine — Primary Registration District No. 5678 — Registered No. one
City (No. St. Ward)

2. FULL NAME Elizabeth Bartholomew
(a) Residence, No. Chula Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt Bartholomew
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10th 1853
7. AGE YEARS 83 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) Germany

FATHER
13. NAME Claus Goos
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Katherine Wolfe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Robt. Bartholomew Chula Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wallace DATE Apr 16" 36
19. UNDERTAKER (ADDRESS) Smiley Funeral Home Wheeling Mo
20. FILED X/15 1936 W A Swope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw her alive on about 2 yrs ago Death is said to have occurred on the date stated above, at 8 — m.
The principal cause of death and related causes of importance were as follows:
I judge the death was due to organic heart disease which she had 2 yrs ago
Date of onset 1934
Other contributory causes of importance:
95 83
Name of operation no Date of
What test confirmed diagnosis? none 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) W. H. Musgrove, M. D.
(Address) Wheeling Mo