

SEP 28 1936

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

Do not use this space.

33557

1. PLACE OF DEATH

County Madison
Township Rolling
City Mexico Mo (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 186
St. _____ Ward _____

2. FULL NAME

Emilie Caroline Bartels

(a) Residence, No. 710 N. Tracy
(Usual place of abode)

St. _____ Ward _____

(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

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 John E. Bartels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1859
7. AGE YEARS 77 MONTHS 6 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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. Own home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Chicago Ill. (STATE OR COUNTRY)

13. NAME Emil Hiebach

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

15. MAIDEN NAME Maria Hiebach

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

17. INFORMANT R. M. Bartels (ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard, Mexico DATE Sept 15, 36

19. UNDERTAKER H. A. Pauls (ADDRESS) Mexico Mo

20. FILED Sept 15, 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to Sept 12, 1936

I last saw him alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Carcinoma of the left kidney Date of onset 1935?
53

Other contributory causes of importance: Metastasis to left abd. wall and abdomen

Name of operation Left nephrectomy Date of May 18, 36

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

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) R. M. Bartels _____, M. D.
(Address) Mexico, Mo.

