

JAN 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45851

1. PLACE OF DEATH

County Pulaski
 Township Liberty
 City (No. St. Ward)

Registration District No. 712
 Primary Registration District No. 59x1

File No.
 Registered No. 30

2. FULL NAME Anna Alzena Bartlett

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR
 (OR) WIFE OF William Meritt Bartlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) March 1936
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski County, Mo.13. NAME Henry Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Matilda Yarbrough16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs. Ray Carver
(ADDRESS) Waynesville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Flea Hollow DATE Dec. 19 193619. UNDERTAKER J. L. HOOPS & SONS
(ADDRESS) Crocker, Mo.20. FILED Dec 17 1936 Clara A. Oliver
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1936 to 12-17- 1936
 I last saw her alive on 12-16 1936 Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Progressive pernicious anemia
NO
 Other contributory causes of importance:
Arteriosclerosis
none

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify
 (Signed) R. J. Fowler M. D.
 (Address) Richland, Mo.

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.

