

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County DwightRegistration District No. 508File No. 7114Township LehillicothPrimary Registration District No. 3026Registered No. 55-97City Lehillicoth (No.) St. Ward)2. FULL NAME Emma M. C. Bartley

(a) Residence, No. St., Ward.

(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. C. Bartley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-23-18777. AGE YEARS 59MONTHS 8DAYS 26

If LESS than 1 day, hrs. or min.

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

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) Fort Scott (STATE OR COUNTRY) Kansas13. NAME Jessie Jamihill14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John M. C. Bartley Lehillicoth, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Davenport Okla DATE Feb-21-193719. UNDERTAKER (ADDRESS) Jas W. Gordon Lehillicoth, Mo20. FILED Feb 20 1937 Donald H. Howell, M.D. Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-19-193722. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to Feb 19 1937I last saw her alive on Feb 18 1937. 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:

Bronchial pneumonia Date of onset Feb 16/37Other contributory causes of importance: InfluenzaName of operation clinical Date ofWhat 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? Yes

If so, specify

(Signed) R. S. Brennan M. D.(Address) Lehillicoth, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

