APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No. 11418
Township Byrd — Primary Registration District No. 5179 — Registered No. 12
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME August F. Bartels
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha Sternberg Bartels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16 1880
7. AGE: YEARS 57 — MONTHS — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Byrd Township Cape Gir Co Mo

FATHER
13. NAME: William Bartels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Lange
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mr August Bartels Jackson Mo R.F.D. #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Vetsel Luth Ch cemetery DATE: Mar 14 1937
19. UNDERTAKER (ADDRESS): McCombs F & U Co. Jackson Mo.
20. FILED 3-12 1937 D. G. Seeber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 11 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... 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:

	Date of onset
Came to his death while loading logs log rolled on his chest crushing it	

Other contributory causes of importance:

186 B

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? Accident Date of injury 3-11, 1937
Where did injury occur? Byrd Township Cape Gir Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on his own farm
Manner of injury Was loading log on wagon
Nature of injury crushed chest

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Coroner E. R. Trickey, ~~M.D.~~
(Address) Cape Girardeau 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.