APR 20 1937

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

Do not use this space.

File No. 12021
Registered No. 23

1. PLACE OF DEATH
County Harrison 41 Registration District No. 334
Township Primary Registration District No. 4197
City Bethany (No. St. Ward)

2. FULL NAME Louisa Bartlett

(a) Residence, No. St., Ward.
(Usual place of abode) (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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: George Bartlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 6. 1874

7. AGE: Years 63 Months 1 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Harrison County Mo.

FATHER
13. NAME: Isaac Wheeler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Irene King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe County Ohio.

17. INFORMANT (ADDRESS): George Bartlett Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pythian Cemetery DATE: March 28, 1937

19. UNDERTAKER (ADDRESS): Joe E. Wheeler Bethany Mo

20. FILED 3-29, 1937 C. P. Wheeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to March 26, 1937
I last saw h. alive on Mar. 26, 1937 Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) Ernest L. Wood M.D.
(Address) Bethany 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-6-33