

AUG 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass ²

Township

City Harrisonville (No. 3)Registration District No. 156Primary Registration District No. 4090File No. 26928

Registered No. _____

St. _____

Ward _____

2. FULL NAME Bernard Crawford Barte

(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 13 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1919

7. AGE

YEARS 18MONTHS 5DAYS 3

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Little Falls Minn.13. NAME Clyde Barte14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee N.C.15. MAIDEN NAME Bess Crawford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lindall Mo.17. INFORMANT Dr Bess Barte m. (ADDRESS) Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lindall Mo. DATE 7/6 193719. UNDERTAKER Ruppmburgers (ADDRESS) Harrisonville Mo.20. FILED July 3 1937 E. M. Gulliford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 19372A. I HEREBY CERTIFY, That I attended deceased from July 2 1937 to July 2 1937I last saw him live on July 2 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Chronic Nephritis Date of onset _____7. Chronic Poisoning

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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Edgar M. Gulliford M. D.(Address) Harrisonville 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.

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