

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Green
City (No. St. Ward)

Registration District No. 692
Primary Registration District No. 591913

File No. 28106
Registered No. _____

2. FULL NAME Lloyd L. Bartec

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1st. 1913</u>		
7. AGE YEARS <u>104</u>	MONTHS <u>23</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Automobile Mechanic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Selling Autos</u>
	10. Date deceased last worked at this occupation (month and year) <u>July 1 1937</u>
	11. Total time (years) spent in this occupation <u>8</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Henry N. Bartec14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Daisy Edna Lutes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Henry Bartec
Weston, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE July 15-193719. UNDERTAKER (ADDRESS) Lucian Davis
Dearborn, Missouri20. FILED July 15, 1937 W. M. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12-1937, 1922. I HEREBY CERTIFY, That I attended deceased from July 11 - 1937, to July 17 - 1937. I last saw him alive on July 11 - 1937. Death is said to have occurred on the date stated above, at 7:15 PM.The principal cause of death and related causes of importance were as follows:
Cerebral haemorrhage
HemiplegiaOther contributory causes of importance:
Regurgitant MucosaName of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19____
Where did injury occur? none (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Jas M. G. Gale, M. D.
(Address) Dearborn, 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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