

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.

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

Do not use this space.

REC'D APR 20 1938

1. PLACE OF DEATH

County Phelps

Township Windsor

City Washington

Registration District No. 678

Primary Registration District No. 8899

File No. 11782

Registered No. 8

St.

Ward

2. FULL NAME Barthelme Lee Barthard 363

(a) Residence, No. Washington mo. 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 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 Missie Barthard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26, 1870

7. AGE

YEARS 67

MONTHS 5

DAYS 22

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) Light mo

FATHER

13. NAME William Barthard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken Iowa

MOTHER

15. MAIDEN NAME Mary Harriet

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

17. INFORMANT (ADDRESS) Mrs Missie Barthard Washington mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maenderia

DATE Mar. 20, 1938

19. UNDERTAKER (ADDRESS) W. Lee Son 609 N. 1st mo

20. FILED 3-21, 1938 BT Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1938, to Mar 18, 1938

I last saw him alive on Mar 18, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Anginal Pectoris

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation none 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? 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?

If so, specify

(Signed) R. E. Brewer, M. D.

609 (Address) Newburg mo

