

REC'D JUL 25 1938

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

22705

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 712
 (b) Township Swedeberg Primary Registration District No. 5941
 (c) City Swedeberg, Mo. (d) Street No. 6311
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Almeda Bartlett.

(a) Residence, No. Swedeberg, Mo. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harvey E. Bartlett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
87 5 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Near Waynesville, Mo.
 (STATE OR COUNTRY) Pulaski Co. Mo.

13. NAME William Trower
 14. BIRTHPLACE (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Keeling
 16. BIRTHPLACE (CITY OR TOWN) Indiana.
 (STATE OR COUNTRY)

17. INFORMANT Harvey Bartlett.
 (ADDRESS) Swedeberg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bartlett Cem. DATE June 5, 1938

19. FUNERAL DIRECTOR J. L. Hoops & Sons.
 (ADDRESS) Crocker, Mo.

20. FILED June 4, 1938 Quint A. Oliver.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938

22. I HEREBY CERTIFY That I attended deceased from May 27, 1938 to June 4, 1938
 I last saw him alive on June 3, 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:

Urging bacteria Date of onset 5/27/38

Other contributory causes of importance:

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? ✓ Date of injury ✓, 1938
 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) W. J. Kelly M. D.
 (Address) Crocker, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)