

REC'D SEP 23 1938

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

Do not use this space.

28223

1. PLACE OF DEATH

County Barry

Registration District No. 30

Township Capps Creek

Primary Registration District No. 5041

City

(No. _____)

St. _____

Ward _____

2. FULL NAME Mary Bartkowski

632

(a) Residence, No. _____

St. _____

Ward _____

(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 7

4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15-1852

7. AGE

YEARS 85

MONTHS 11

DAYS 15

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Retired House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Werkow House

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) Poland

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT John W. Gachek

(ADDRESS) Manett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Barry Field DATE Aug. 6 1938

19. UNDERTAKER Blankenship

(ADDRESS) Manett, Barry

20. FILED 8-9- 1938 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1937 to Aug 4 1938

Deceased was alive on July 20 1938 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Cp. of big maid
discontinuing and
as ending Colon

Date of onset 5-1-37

Other contributory causes of importance:

Senility H²C

Name of operation Phys

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? _____

If so, specify _____

(Signed) J. S. Baldwin

(Address) Barry, 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.

RECEIVED

District Health Officer No. 6;

District File Number 6-38-33

Date Filed 9/19/38