

REC'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
2
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HarrisonRegistration District No. 334File No. 6618Township BethanyPrimary Registration District No. 4197Registered No. 9City Bethany

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

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

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

Bertha Bartlett

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

2-11-1903

7. AGE

YEARS

MONTHS

DAYS

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

351112

OCCUPATION

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

Foreman PCC

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)

Bethany Mo.

13. NAME

Wm Rod Bartlett

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

Miss.

15. MAIDEN NAME

Clara J. Bacon

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

Bethany Mo.

17. INFORMANT (ADDRESS)

W. R. Bartlett
Bethany, Mo.

18. BURIAL, CREMATION, OR REBURIAL

PLACE Memorial Park DATE 1-25-1939

19. UNDERTAKER (ADDRESS)

S. M. Haas
Bethany Mo.

20. FILED

2-14-1939Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

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

1-23-1939

22. I HEREBY CERTIFY, That I attended deceased from

3-12-1938, to 1-23-1939I last saw him alive on 1-20-1939 Death is saidto have occurred on the date stated above, at 11 P. M.

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

Carcinoma of Brain -Date of onset 2-1937

Other contributory causes of importance:

Carcinoma of Kidney -1937Rt Kidney removed - 11-1937Name of operation James Tum Brain Date of 4-1938What test confirmed diagnosis? operative 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? No

If so, specify _____

(Signed) W. A. Croyle - _____, M. D.(Address) Bethany Mo.

RECEIVED
District Health Officer No. 11,
District File Number 39-24
Date Filed 3-8-39