

20 JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. 1800 W. 11 St. 87)

File No. 19453

Registered No. 156

St. 87 Ward

2. FULL NAME

Mary Catherine Bartlett

(a) Residence, No. 1800 W 11 St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|                                                                                         |                                  |                                                                             |
|-----------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                                 | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John B. Bartlett</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>July 24, 1848</u>                         |                                  |                                                                             |
| 7. AGE<br><u>90</u>                                                                     | YEARS<br><u>10</u>               | MONTHS<br><u>20</u>                                                         |
|                                                                                         |                                  | DAYS<br><u>20</u>                                                           |
|                                                                                         |                                  | If LESS than 1 day, hrs. or min.                                            |

|            |                                                                                                               |
|------------|---------------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>At Home</u> |
|            | 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)<br>(STATE OR COUNTRY) | <u>Cooper County</u><br><u>Missouri</u> |
|-----------------------------------------------------|-----------------------------------------|

|        |                                                     |
|--------|-----------------------------------------------------|
| FATHER | 13. NAME<br><u>Nathaniel Parrott</u>                |
|        | 14. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) |

|        |                                                     |
|--------|-----------------------------------------------------|
| MOTHER | 15. MAIDEN NAME<br><u>Mary Dempsey</u>              |
|        | 16. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) |

|                            |                                           |
|----------------------------|-------------------------------------------|
| 17. INFORMANT<br>(ADDRESS) | <u>Charles Bartlett</u><br><u>Sedalia</u> |
|----------------------------|-------------------------------------------|

|                                                                                    |
|------------------------------------------------------------------------------------|
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Crown Hill</u> DATE <u>5-16-1939</u> |
|------------------------------------------------------------------------------------|

|                             |                                               |
|-----------------------------|-----------------------------------------------|
| 19. UNDERTAKER<br>(ADDRESS) | <u>McLaughlin Bros.</u><br><u>Sedalia Mo.</u> |
|-----------------------------|-----------------------------------------------|

|                                                                   |
|-------------------------------------------------------------------|
| 20. FILED <u>May 16</u> 1939 <u>Mrs. Harry Speed</u><br>Registrar |
|-------------------------------------------------------------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 - 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 1899 to May 14 1939

I last saw him alive on May 13 1939. Death is said

to have occurred on the date stated above, at 11:45 A.M.

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

Senile dementia

Date of onset  
1934

Other contributory causes of importance:

Chronic interstitial nephritis.

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 \_\_\_\_\_, 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) A. L. Walter M. D.

(Address) Sedalia Mo.

906

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/8/39