

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

32738
Do not use this space.

REC'D SEP 30 1939

1. PLACE OF DEATH
 (a) County Jefferson Registration District No. 425
 (b) Township Orchard Primary Registration District No. 5580
 (c) City _____ (d) Street No. _____ St. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MINNIE (BABB) BARTCH (BARTCH)
 (a) Residence, No. _____ 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. Bartch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 4 - 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	56	1	5	

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

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

10. Date deceased last worked at this occupation (month and year) 8/7/39 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo

13. NAME Thomas Babb

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Tom Bartch
Everett Mo RR#18

18. BURIAL, CREMATION, OR REMOVAL PLACE Clayton Creek Mo DATE 8/10/1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Brumley
Home Springs Mo

20. FILED 8/10 39 James A. Townsend
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 - 31, to Aug. 9, 1939
 I last saw her alive on Aug. 8, 1939 Death is said to have occurred on the date stated above, at 1:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency

Date of onset _____

Other contributory causes of importance: HTN

Name of operation Chs Date of _____
 What test confirmed diagnosis? Chs 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. E. Mitchell M. D.
 (Address) 51 - Clair

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John W. Brimmer

Licensed Embalmer No. *1470*

P. O. Address *House Springs Mo*

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.)

If this body is not embalmed, above space should be left blank.