

FILED FEB 13 1940

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

Do not use this space.

2032

## 1. PLACE OF DEATH

County Chariton  
Township Mendon  
City Mendon (No.         )

Registration District No. 172  
Primary Registration District No. 4901

File No.           
Registered No. 1  
St.          Ward         

## 2. FULL NAME

Mary V. Barthett  
(a) Residence, No.          St.          Ward           
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF James Barthett  
(OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2-1867

7. AGE YEARS 73 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.

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

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) Adams Co. Ill.

13. NAME Perry Ward  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Rebecca Grotz  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN.

17. INFORMANT James M. Bartlett  
(ADDRESS) Mendon Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mendon Mo DATE 1-31-40

19. UNDERTAKER S. Shepard  
(ADDRESS) Mendon Mo

20. FILED 1/30 1940 W. D. West  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1940

22. I HEREBY CERTIFY That I attended deceased from Nov. 30 at          to Jan 27, 1940

I last saw          alive on Jan 27, 1940 Death is said to have occurred on the date stated above, at 2 a. m.

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

Cardiac disease of the arteries  
Duration 4 yrs

Other contributory causes of importance:

Name of operation          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) W. D. West, M. D.  
165 (Address) Mendon, Mo.

OCCUPATION

MOTHER FATHER

Date of onset

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. 8,  
District No. Number *11/1/40*  
Date Filed