

MAR 24 1936

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

Do not use this space.

7324

## 1. PLACE OF DEATH

County RayRegistration District No. 744

Township

Primary Registration District No. 3035City Richmond (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 27

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME Conrad Barthelmess

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(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 ml 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-19-18637. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 1 78. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Coal Miner

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) Not known  
Not known13. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
Not known15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) alone18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Feb. 27, 193619. UNDERTAKER (ADDRESS) Richmond20. FILED 2-10 1936 E. E. Ray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 193622. I HEREBY CERTIFY That I attended deceased from Feb. 20, 1936, to Feb 26, 1936I last saw him alive on Feb 25, 1936 Death is saidto have occurred on the date stated above, at 8 a.m.

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

Myocarditis  
GravelDate of onset  
about  
2-15-36

Other contributory causes of importance:

Chronic Alcoholism

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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? noIf so, specify \_\_\_\_\_ (Signed) D. G. Gaines, M. D.(Address) Richmond, 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.

