

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

DEC 4 1936

38788

1. PLACE OF DEATH

County Way
Township Richmond
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 106
St. _____ Ward _____

2. FULL NAME Ada Mae Rose Bartle

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel D. Bartle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DO NOT KNOW

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
about 60 — —

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) Chana, Ill.

13. NAME Malcolm Rose

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

15. MAIDEN NAME Sarah Stoverant

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

17. INFORMANT Samuel D. Bartle (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Forest Hill Kansas City DATE Oct 16, 1936

19. UNDERTAKER (ADDRESS) C. M. Gaines Richmond Mo.

20. FILED 11-10-36 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1936 to October 14 1936

I last saw him alive on October 14 1936 Death is said

to have occurred on the date stated above, at 7:45 A.M.

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

Acute Pericarditis 10-12-36
Cerebral hemorrhage 9-27-36

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 D. J. W. Gaines M. D.
(Signed) _____ (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.

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

12. [Illegible text]

13. [Illegible text]

14. [Illegible text]

15. [Illegible text]

16. [Illegible text]

17. [Illegible text]

18. [Illegible text]

19. [Illegible text]

20. [Illegible text]

21. [Illegible text]