

APR 16 1936

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

Do not use this space.

9785

1. PLACE OF DEATH

County Clay Registration District No. 1
Township Fishing River Primary Registration District No. 1
City Excelsior Springs, Mo. (No. (Veterans Administration Facility)) St. Ward

File No. Registered No. 2. FULL NAME BARTIMUS, Cash

(a) Residence, No. Vets. Adm. Facility Excelsior Springs, Mo. Milan, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ruth Bartimus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan, Missouri

13. NAME Elza Bartimus (deceased)

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

15. MAIDEN NAME Ruth (maiden name unknown)

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

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milan, Missouri DATE 3-19-36

19. UNDERTAKER John C. Frather, Undertaker
(ADDRESS) Excelsior Springs, Missouri

20. FILED 3-18-1936 Mrs. R. M. McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, 19 , to March 18, 1936, 19 .

I last saw him alive on March 18, 1936, 19 . Death is said to have occurred on the date stated above, at 9:49 AM

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

Pneumonia, left upper lobe
Endocarditis, aortic valve, acute
(probably pneumococcal)
Multiple infarcts both kidneys

Other contributory causes of importance:
Arteriosclerosis aorta and coronaries.

Name of operation None Date of
What test confirmed diagnosis? Exam & Obs. Was there an autopsy? Yes

23. If death was due to external causes (violence, etc.), 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) JOSEPH BAUKSYS, M.D., Act. Clin. Dir., D.
Veterans Administration Facility

(Address) Excelsior Springs, Mo.

FEB 3 1966

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

Do not use this space.

1. PLACE OF DEATH

County Clay

Registration District No. 198

File No. 9785

Township W.C. Springs

Primary Registration District No. 3011

Registered No. _____

City W.C. Springs (No. W.C. Springs)

Facility W.C. Springs

St. _____ Ward _____

2. FULL NAME

Caleb B. Bartmess

(a) Residence, No. Miles W. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------|-----------|-----------|------|--|
| <u>40</u> | <u>11</u> | <u>18</u> | | |

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3-18-1936 Mrs. Bea McCausen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 19 36

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia lb. upper lobe.

Lobar Pneumonia.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there a autopsy? _____

23. If death was due to external causes (violence, fall, etc.) 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) Joseph Durkay, M. D.
 (Address) W.C. Springs, W.C. Springs

SUPPLEMENT

108

9693

CO.

S-9785