

Bartell, John 1841 - 1915

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <i>m</i>	4 COLOR OR RACE <i>w</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>	16 DATE OF DEATH <i>Dec 7 1915</i>	
6 DATE OF BIRTH <i>Nov 14 1841</i>			17 I HEREBY CERTIFY, That I attended deceased from <i>Dec 1, 1915</i> , to <i>Dec 7, 1915</i> , that I last saw him alive on <i>Dec 6, 1915</i> and that death occurred on the date stated above at <i>12:30 AM</i> . The CAUSE OF DEATH* was as follows:	
7 AGE <i>74</i> yrs. mos. ds.			<i>Chronic Myocardial</i> <i>Insufficiency</i> (Duration) mos. ds. Contributory <i>Angina Pectoris</i> (Duration) yrs. mos. ds. (Signed) <i>E. H. Baskin</i> , M. D. <i>Dec 7, 1915</i> (Address) <i>Wagoner, Ky.</i>	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
9 BIRTHPLACE (State or country) <i>Cold Springs Ky</i>			18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS	
10 NAME OF FATHER <i>Don't know</i>			At place of death yrs. mos. ds. In the State yrs. mos. ds.	
11 BIRTHPLACE OF FATHER (State or country) <i>Don't know</i>			Where was disease contracted, if not at place of death? Former or usual residence	
12 MAIDEN NAME OF MOTHER <i>Lena Morning</i>			19 PLACE OF BURIAL OR REMOVAL	
13 BIRTHPLACE OF MOTHER (State or country) <i>Campbell Ky</i>			DATE OF BURIAL <i>Dec 7, 1915</i>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Lena P. Baskin</i> (Address) <i>819-6 an</i>			20 UNDERTAKER <i>Wagoner</i>	
15 Filed <i>Dec 7, 1915</i> <i>C. H. Stumble</i> REGISTRAR			ADDRESS <i>Wagoner</i>	

11-5184