

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

35162

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 297
St. Ward)

2. FULL NAME

(a) Residence. Joseph S Barr St. 3 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 18 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Emma E. Barr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 31 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Mr. P. R. R
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glenora
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Barr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Princeton
(STATE OR COUNTRY) New Jersey

14. INFORMANT Emma E. Barr
(Address) Sedalia Mo

15. FILED Dec 8 1922 J. G. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1922

17. I HEREBY CERTIFY, That I attended deceased from 11:15 to 12:15 1922
that I last saw him alive on Dec 15 1922, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy; cerebral
82A
97 (duration) yrs. mos. ds. 6

CONTRIBUTOR (SECONDARY) Arterio sclerosis
long knowledge (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED yes
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WERE THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C. J. ... M. D.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Benton report Lu DATE OF BURIAL Dec 20 1922

20. UNDERTAKER

Mc Laughlin Bros ADDRESS Sedalia

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.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

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

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032
_____ (No. 211)

File No. _____
Registered No. 277
St. 3 Ward _____

2. FULL NAME

(a) Residence. No. 2111 East 7th St., 3 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. 3 mos. 15 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 Anna E Barr

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
March 31 71 8 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Missouri Pacific R.R. Shops
(c) Name of employer J. M. Hinman

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Glens Run Ohio

10. NAME OF FATHER

James Barr

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) New Jersey

12. MAIDEN NAME OF MOTHER

Mary Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) New Jersey

14.

INFORMANT
(Address)

Anna E. Barr
Sedalia Mo

15.

FILED Dec 18, 1922 J. G. Fore

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 19 22

I HEREBY CERTIFY That I attended deceased from Dec 16, 1922 to Dec 16, 1922
that I last saw him alive on Dec 16, 19 22 and that death occurred on the date stated above at 12 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral apoplexy

CONTRIBUTOR (SECONDARY)

Arterio sclerosis (duration) 17 yrs. 5 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. B. Grader M. D.
1/16, 19 23 (Address) Sedalia Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bentonsport Iowa.

Dec 20
1922, 19

20. UNDERTAKER

ADDRESS

M. L. Langhlin Burn Sedalia

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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[Approved by U. S. Census and American Public Health
Association.]

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