

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.

AUG 18 1927

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

Do not use this space.

20512

1. PLACE OF DEATH

County Webster  
Township Finley  
City ..... (No. ..... St. ..... Ward .....)

Registration District No. 897  
Primary Registration District No. 6201

File No. 15  
Registered No. .....

2. FULL NAME

Francis A. Barton  
(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

MEDICAL CERTIFICATE OF DEATH

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

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1927

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

17. I HEREBY CERTIFY, That I attended deceased from 3/1 1927, to 6/22 1927, that I last saw her alive on 6/10 1927, and that death occurred, on the date stated above, at 8 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1851

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min. 75 9 22

Cancer - carcinoma of the stomach 400

8. OCCUPATION OF DECEASED

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

440 (duration) 4 yrs. 11 mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Ulcer of stomach (duration) 2 yrs. ..... mos. ..... ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH .....

10. NAME OF FATHER Franklin Criger

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? Symptom  
(Signed) L. L. White M. D.

12. MAIDEN NAME OF MOTHER Edna M. Comber 7-12-27 (Address) Symptom No

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

\*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.

14. INFORMANT W. A. T. W. Light  
(Address) Seymour 290

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Grove Cemetery DATE OF BURIAL 6-24 1927

15. FILED 7-12-27 L. A. Watson REGISTRAR

20. UMBERTAKER Star Undertaking Co. Fardland Mo. ADDRESS .....

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