

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

Do not use this space.

21053

1. PLACE OF DEATH

County Sent
Township Springer
City Salem, Mo. (N)

Registration District No. 266
Primary Registration District No. 4164

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

James S. Barton

(a) Residence No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Syntha Barton

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

May 20 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

78

1

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Reynolds Co Mo

10. NAME OF FATHER

James Barton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Reynolds Co Mo

12. MAIDEN NAME OF MOTHER

Mary Reece

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Reynolds Co Mo

PARENTS

14.

INFORMANT
(Address)

Mrs James Barton

15.

FILED

7/21, 1927 A. J. McHenry

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 19 1927

17.

I HEREBY CERTIFY That James S. Barton deceased from July 19 1927 to July 19 1927 that I last saw him alive on July 19 1927 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis acute
930/1065 8813

CONTRIBUTORY (SECONDARY)

Bronchial Infection
(duration) yrs. 1 mos. 10 ds.
(duration) yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at place of death

19. DID AN OPERATION PRECEDE DEATH? DATE OF

no

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. McHenry M. D.
, 19 27 (Address) Salem, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cedar Grove Cem

July 21, 1927

20. UNDERTAKER

N. D. Hobson

ADDRESS

Salem, 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.

AUG 16 1927

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10