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

Do not use this space.

24114

File No.
Registered No.

1. PLACE OF DEATH
County: Greene
Registration District No.: 321
Township: Washington
Primary Registration District No.: 5445
City: ~~Rogersville~~ Mo (No. RFD St. Ward)

2. FULL NAME: Infant Son Mr. Mrs. Wenzy Barton
(a) Residence. No. Rogersville Mo 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 1 - 1927

7. AGE: Years | Months ~~X~~ | Days 90 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

1940

9. BIRTHPLACE (CITY OR TOWN): Rogersville
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Wenzy Barton
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Hettie Barton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Wenzy Barton
(Address): Rogersville Mo.

15. FILED ....., 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/13 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lack of Care - Babe was born while home was unapproachable because of high water - No
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) sewage and streams of water
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED non fordable -
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jewell E. Windle Coroner M.D.
9/13 1927 (Address) Springfield 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: Caldwell Chapel
DATE OF BURIAL: 9/10 1927

20. UNDERTAKER: None
ADDRESS