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

Do not use this space.

25944

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 15564

Township ..... Primary Registration District No. 1003 Registered No. 7561

City St. Louis (No. 5806 Lillian Ave. ..... St. ..... Ward)

2. FULL NAME Dudly Barton

(a) Residence. No. 5806 Lillian Ave. St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1927

7. AGE: YEARS — MONTHS — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Missouri

PARENTS

10. NAME OF FATHER: Clyde Barton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Nebraska
12. MAIDEN NAME OF MOTHER: Bertha Rasor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Clyde Barton
(Address) 5806 Lillian Ave.

15. FILED AUG 24 1927, 19..... Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1927, 19....., to Aug. 23, 1927, that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 7.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Deformity of Lungs
Extending into abdominal Cavity
157D (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 159C2 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Paul Bernstorff M.D.
Aug. 24, 1927 (Address) 5489 Arlington Ave.

*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: Valhalla Cem. DATE OF BURIAL: Aug. 24, 1927

20. UNDERTAKER: Jos. W. Clark ADDRESS: 1125 Hodiamont Ave.

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.