

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

Do not use this space.

36129

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No. _____

Township _____

Primary Registration District No. 3007

Registered No. 296

City Poplar Bluff (No. _____)

St. _____ Ward) _____

2. FULL NAME

Bessie L. Barton

(a) Residence. No. Superior 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 Female 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) Oct 2 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	-	2	0	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) _____

10. NAME OF FATHER Henry Barton

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

12. MAIDEN NAME OF MOTHER Ethel Parrior

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

14. INFORMANT Henry Barton
(Address) Poplar Bluff Mo

15. FILED 1-5-28 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1927

17. I HEREBY CERTIFY, That I attended deceased from _____
(12-2, 1927), to _____ (12-2, 1927)
that I last saw him alive on _____ (12-2, 1927), and that death occurred, on the date stated above, at _____ (9:50 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydroencephalovs
15911 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Encephalitis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical but
(Signed) W. S. Bailey, M. D.

(Address) Poplar Bluff 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 City DATE OF BURIAL Dec 11 1927

20. UNDERTAKER Frank Wood - Co. Poplar Bluff
ADDRESS _____

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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

