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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6386

1. PLACE OF DEATH

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

Township..... Primary Registration District No. 1003 Registered No. 1285

City..... (No. 2320 a. Montgomery St. ..... Ward)

2. FULL NAME John M. Barton

(a) Residence No. 2320 a. Montgomery 20 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: 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) May. 23 - 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	8	10	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Albany N.Y.

PARENTS

10. NAME OF FATHER Michael J. Barton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.

14. INFORMANT Elizabeth Barton
(Address) 2320 a Montgomery

15. FILED FEB - 1 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 - 1928

17. I HEREBY CERTIFY, That I attended deceased from ~~[illegible]~~ Jan 4 - 1928, to Feb 2 - 1928 that I last saw him alive on Feb. 1 - 1928, and that death occurred, on the date stated above, at 12.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis
(Pulmonary)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Sputum & Clinical
(Signed) [signature], M. D
, 19 (Address) 1502 Cass 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: National Cemetery Jefferson Barracks
DATE OF BURIAL: Feb 4 1928

20. UNDERTAKER: Bensiek - Mehaus
ADDRESS: 1138 N 6