MAY 30 1930

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

Do not use this space.

16523

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011
File No. .....
Registered No. 45

2. FULL NAME Andrew J. Barr
(a) Residence. No. Armour add St., ... Ward, ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 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): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Ella Barr deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	6	5	

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) near Quincy Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Jas. Millord Son-in-law
(Address) Armour add. Ex. Spgs. Mo

15. FILED May 3, 1928 Y. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1927, to May 2, 1928, that I last saw him alive on April 20, 1928, and that death occurred, on the date stated above, at 10.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93
97
90B
(duration) yrs. 1 or more mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) several 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? Clinical
(Signed) Y. D. Craven, M. D
, 19 (Address) Excelsior Spgs. 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: Bethel Cemetery
DATE OF BURIAL: May 3 1928

20. UNDERTAKER: J. M. Ward
ADDRESS: Lawson 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.