

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

Do not use this space.

20734

1. PLACE OF DEATH

County Jackson Registration District No.
Township Rav Primary Registration District No.
City Kennett (No. 3935) Tracy Ave St. Ward)

File No.
Registered No. 2614
St. Ward)

2. FULL NAME

Henry B. Barten
(a) Residence, No. 3935 Tracy St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. - mos. - 13 days How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE of Mrs. Ann Barten

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4, 1840

7. AGE: YEARS 88 MONTHS 5 DAYS 12 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER Richard Barten

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Henry B. Barten, Jr.
(Address) 3935 Tracy Ave

15. FILED 6-16-28 M. W. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-16 19 28

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1928, to June 16, 1928, that I last saw h. alive on June 14, 1928, and that death occurred, on the date stated above, at 13 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia 3 1/2 yrs.
49 (duration) yrs.
13 1/2 mos.
3 da.

CONTRIBUTORY carcinoma prostate
(SECONDARY) (duration) 8 yrs.
8 mos.
8 da.

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?
(Signed) H. A. Breyfogle, M. D.
6-16, 1928 (Address) Medical Bldg

*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 md. Vernon, Ind. DATE OF BURIAL 6/16 19 28

UNDERTAKER Wesman Mortuary ADDRESS 42 West Baltimore

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

med. Arts. B. Sc.

Val 2222