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

Do not use this space.

21747

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 180
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Oliver B. Barron
(a) Residence. No. 3709 Salome 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 5 - 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	3	2	

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

9. BIRTHPLACE (CITY OR TOWN): St. Charles
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Brainard Barron
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Kate Dutro
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Mrs Clara Barron
(Address): 3709 Salome

15. FILED 6/9, 1928 Nolla Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 6

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1928, to June 7, 1928, that I last saw him alive on June 7, 1928, and that death occurred, on the date stated above, at 10:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Hepatic Sclerosis Hypertrophic Type (Anchosis)
122 B1
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chr. Int. Nephr. Chr. Myocarditis Arterio Sclerosis, Gen. Anasarca Uremia
(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
(2) DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Luke B. Ficinon, M.D.
6/8, 1928 (Address) 3718 Jennings Rd.

*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: Memorial Park Cem
DATE OF BURIAL: June 11th 1928
20. UNDERTAKER: A. Ellis
ADDRESS: 5240 Delmar. St

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.

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[illegible]