1929

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

26837

1. PLACE OF DEATH
County Cooper — Registration District No. 217 — File No.
Township Blackwater — Primary Registration District No. 4131 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Thomas Barrett
(a) Residence. No. ..... 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: 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) Sept 2nd 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	11	4	

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

9. BIRTHPLACE (CITY OR TOWN) Blackwater
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Charles P. Barrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) And
(STATE OR COUNTRY) Osage Co. Mo
12. MAIDEN NAME OF MOTHER Mary Bell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Camden Co.

14. INFORMANT Chas. P. Barrett
(Address) Blackwater Mo

15. FILED 7-6, 1928 W. F. Henry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st ~~Aug 6~~, 1928, to Aug 6, 1928, that I last saw ..... alive on ....., 19....., and that death occurred, on the date stated above, at 1:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infantile diarrhoea

118B (duration) ..... yrs. ..... mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) [signature], M.D.
, 19 (Address) Blackwater 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: Jefferson City
DATE OF BURIAL: Aug 7th 1928

20. UNDERTAKER: Schwitzky Meister
ADDRESS: Boonville 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.