

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

Do not use this space.

32678

**1. PLACE OF DEATH**

County Madison  
Township Superior  
City Farber (No. ....)

Registration District No. 991  
Primary Registration District No. 4357

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Sophie Barton

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED, HUSBAND or (or) WIFE of Andrew Barton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 - 1840

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, .... hrs. or .... min.
	<u>88</u>	<u>0</u>	<u>1</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House keeper

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Mo.

10. NAME OF FATHER J. Mc Mahon

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

12. MAIDEN NAME OF MOTHER Elizabeth Duncan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Ike Oliver  
(Address) Farber, Mo.

15. FILED 10-7-28 H. H. Hay REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-3-1928 to 10-4-1928 that I last saw her alive on 10-4-1928, and that death occurred, on the date stated above, at 12:00 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dysentery 13C  
16 @ 162

(duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Smelting

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. Place of Death

DID AN OPERATION PRECEDE DEATH. no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) W K McCall M. D.

10-4-1928 (Address) Ladonia 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 Antioch Church in Calloway Co Mo DATE OF BURIAL Oct 6 1928

20. UNDERTAKER H. H. Stranges Ladonia Mo. ADDRESS

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.

1928

