

22 1926

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

Do not use this space.

34429

1. PLACE OF DEATH

County Pike
Township Chiver
City Chiver (No. 1)

Registration District No. 684
Primary Registration District No. 5912

File No. 37
Registered No. 37
St. Chiver Ward 1

2. FULL NAME

(a) Residence No. Richard P. Barger St. Chiver Ward 1

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Wife Nannie P. Barger
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 22

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) Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

Dave Barger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Mrs. Pinner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Wm. Barger
(Address) Bushy Green Mo

15.

FILED 11/10/28W. B. Chiver

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1924

17.

I HEREBY CERTIFY, That I attended deceased from Oct 18 1924 to Oct 20 1924.
that I last saw him alive on Oct 18 1924, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Eudor terminus D. pneumonia
acute hemorrhagic

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Chiver M. D.
, 19 (Address) Bushy Green 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

DATE OF BURIAL

Bushy Green Cemetery Oct 23 1928

20. UNDERTAKER

ADDRESS

W. B. Chiver B. Green

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.

