

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

Do not use this space.

183

1. PLACE OF DEATH

County Hallinger
Township Whitewater
City (No.)

Registration District No. 70
Primary Registration District No. 5109

File No. 3
Registered No. 3
St. Ward

2. FULL NAME

Walter Barber

(a) Residence. No. St. Ward
(Usual place of abode)
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.
(If nonresident give city or town and State)

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) June 10 1919
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 7 14

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

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

10. NAME OF FATHER Roht Barber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eva Duncan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

14. INFORMANT Benton Murray
(Address) Liville, Mo.

15. FILED 1/24, 1929 P. S. Staller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24th 1929
17. I HEREBY CERTIFY That I attended deceased from Jan 15th 1929 to Jan 24th 1929
that I last saw him alive on Jan 23rd 1929, and that death occurred, on the date stated above, at 12:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia
CONTRIBUTORY (SECONDARY) 1010
(duration) yrs. mos. da. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF
DID AN OPERATION PRECEDE DEATH, DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Edward Cates, M. D.
, 19 (Address) Sedgewickville 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 Cross Roads Cem. DATE OF BURIAL 1/25 1929

20. UNDERTAKER Benton Murray ADDRESS Liville, Mo.

N. E.—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.

261

