

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

Do not use this space.

1049

1. PLACE OF DEATH

County Wright Registration District No. 312
 Township Jackson Primary Registration District No. 4188
 City Spring City No. _____ St. _____ Ward _____

File No. _____
 Registered No. 1

2. FULL NAME

John Hunt Barger
 (a) Residence Spring City St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 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 Barger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 12 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 24

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

10. NAME OF FATHER Robert Barger

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

12. MAIDEN NAME OF MOTHER Elva McDonald

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

14. INFORMANT Clara Barger
 (Address) Spring City Mo

15. FILED Jan 29 1929 Act Paullett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-5-29

17. I HEREBY CERTIFY That I attended deceased from Dec 22 1928 to Jan 5 1929
 that I last saw him alive on Jan 3 1929 and that death occurred, on the date stated above, at 11:05 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia lobar
 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY Influenza
 (SECONDARY) (duration) _____ yrs. mos. ds.

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? Black box
 (State) _____, 1929 (Address) Spring City, 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 Spring City Chrs. DATE OF BURIAL 1-8 1929

20. UNDERTAKER R. W. Aggart ADDRESS Spring City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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 FEB 2 1 1929

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