

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

Do not use this space.

1388

1. PLACE OF DEATH

County, Jackson

Registration District No. 398

Township, Independence

Primary Registration District No. 3919

City, Independence

File No. _____

Registered No. 22

St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 1200 North Osage St.

(Usual place of abode)

Ward. _____

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (if the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Single

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

Aug. 8-1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

0

5

6

8. OCCUPATION OF DECEASED

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

None

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

at Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Rock Island Ill

10. NAME OF FATHER

Allen Barth

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ontario Canada

12. MAIDEN NAME OF MOTHER

Galena, Illinois

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Thurman Texas

14.

INFORMANT

(Address)

Allen Barth
1200 N. Osage St.

15.

FILED

1-21-1929 F. L. Cook

REGISTER

MEDICAL CERTIFICATE OF DEATH

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

Jan. 17 1929

17.

I HEREBY CERTIFY That I attended deceased from July 13, 1929, to July 17, 1929, that I last saw him alive on July 17, 1929, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Droucher Pneumonia

11A
107A

CONTRIBUTORY (SECONDARY)

Influence (duration) _____ yrs. _____ mos. 2 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? _____

(Signed) E. H. Smith

M. D.

(Address) Indep. 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

Mound Oak Cem

1-20 1929

20. UNDERTAKER

ADDRESS

C. Pearson & Son Indep. 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.

PROPERTY OF MISSOURI STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

EB 2 1929

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C. E. Kruminger