

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

Do not use this space.

5034

1. PLACE OF DEATH

County Shelby
Township Salt River
City Shelby (No. _____)

Registration District No. 830
Primary Registration District No. 6091

File No. 14
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Taylor Barton

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 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) Rosetta Barton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 10 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(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) Monroe Co Mo

10. NAME OF FATHER Daniel Barton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

12. MAIDEN NAME OF MOTHER Sarah M^c Brown

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

14. INFORMANT Mary A Eaton
(Address) Shelby Mo

15. FILED Feb 11 1929 Mary Gooch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 28 1928 to Jan 22 1929
that I last saw h. PM alive on Jan 20 1929, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Retention of Urine

137
135C (duration) 1 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Hypertrophy of Prostate Gland

(duration) 1 yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. J. Smith M. D.

, 19 (Address) Shelby, 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

I.C.D.P. Cem Jan 25 1929

20. UNDERTAKER E. Hayes Shelby, Mo.

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.

