

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

Do not use this space.

5430

PLACE OF DEATH

County Rollinger

Registration District No. 698

File No. 5

Township Dayton

Primary Registration District No. 5-108

Registered No. _____

City _____ (No. _____)

St. _____

Ward _____

2. FULL NAME

Marion M. Donald Barrong

(a) Residence. No. _____ St. _____ Ward. _____

(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 (OR) WIFE OF

Marion Barrong

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

Feb 5 1848

7. AGE

YEARS

MONTHS

DAYS

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

82

11

26

8. OCCUPATION OF DECEASED

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

Farmer

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

✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

N. C.

10. NAME OF FATHER

Henry Barrong

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Elizabeth Church

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. C.

14.

INFORMANT (Address)

Marion Barrong
Galena

15.

FILED

2-8-29 A.T. Kirpatrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 1, 1929

17.

I HEREBY CERTIFY That I attended deceased from

2-1-1929 to 2-1-1929

that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at Galena, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

at home

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A.T. Kirpatrick, M. D.

, 19 (Address) Galena, 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

Barrong Bur

2-8-29 19 29

20. UNDERTAKER

ADDRESS

H. Shivers

Galena, 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.

RECORD

