

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

Do not use this space.

5554

1. PLACE OF DEATH
 County, Duchanow Registration District No. 85
 Township, St. Joseph Mo. Primary Registration District No. 1001
 City, St. Joseph Mo. (In State Hospital #2) St. 919 Ward

2. FULL NAME Frederick Monroe Barbee
 (a) Residence No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. 5 mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Jan 20 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 0

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 employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lansan
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER W.O. Barbee

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

12. MAIDEN NAME OF MOTHER Lida Primes

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

14. INFORMANT F. S. Barbee
 (Address) Lansan Mo

15. FILED FEB 21 1929 19. John L. Oth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20. 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 20th 1923, to 19th February 1929, and that I last saw him alive on 19th February 1929, and that death occurred, on the date stated above, at 12:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia

10774
84 / 000
 (duration) yrs. mos. 5 ds.
 CONTRIBUTORY Dementia praecox & epilepsy
 (SECONDARY)
 (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED here
 IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) J. R. Burch, M. D.
204th St., 1929 (Address) St. Joseph, Missouri

*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 Coorgill Mo DATE OF BURIAL Feb 21 1929

20. UNDERTAKER E. P. Sidenfaden 602 South 10th St ADDRESS

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.

