

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.

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

Do not use this space.

9907

1. PLACE OF DEATH

County Leavenworth

Registration District No. 163

Township Box

Primary Registration District No. 2228

City Box (No.)

File No.

Registered No. 14

St. Ward

2. FULL NAME

(a) Residence Jesse Elton Barritt 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)

single

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

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

April-25-1920

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

8

10

20

8. OCCUPATION OF DECEASED

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

at school

(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)

Mo

10. NAME OF FATHER

Jesse Barritt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Myrtle Blankinship

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT (Address)

Jesse Barritt

Leavenworth, Mo. R. 4

15.

FILED

3-16-1929

J. W. Lawson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-15-1929

17. I HEREBY CERTIFY That I attended deceased from 8:15 to 8:15 March, 1929, that I last saw him alive on March-8-1929, and that death occurred, on the date stated above, at 4:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

degeneration of Eye
eye
eye
(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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?

3-16 (Signed) J. W. Lawson, M. D.
1929 (Address) Leavenworth, 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

Clintonville Cemetery

3/16 1929

20. UNDERTAKER

ADDRESS

Quinn-Siders Eldorado Springs, Mo.

