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.

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

Do not use this space.

31316

1. PLACE OF DEATH

County Macon — Registration District No. 527

Township — Primary Registration District No. ~~[illegible]~~

City Bevier Mo (No. 4313 St. Ward)

File No.

Registered No.

2. FULL NAME John Barron

(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: Sarah Barron

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 4 - 1870

7. AGE: Years 59 — Months 1 — Days 7 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Mine Foreman

(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): Pattsville Pa

PARENTS

10. NAME OF FATHER: John Barron

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

12. MAIDEN NAME OF MOTHER: Sarah Souter

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

14. INFORMANT (Address): Jno. Barron Jr. [illegible]

15. FILED 11/5, 1929 Dave J. Edwards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1929, to Sept. 11, 1929 that I last saw him alive on Sept. 11, 1929, and that death occurred, on the date stated above, at 12:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris with (Sudden death)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. E. L. Werdlich Sept. 11, 1929 (Address) Bevier, 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: East Oakwood

DATE OF BURIAL: 9/1 19

20. UNDERTAKER: [illegible] Edwards

ADDRESS

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SEP 15 1947