

MAR 24 1930

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

Do not use this space.

3991

1. PLACE OF DEATH *Barton* Registration District No. *40*
 County *Barton* Primary Registration District No. *4024*
 Township *Lamar* City *Lamar* (No. *1*) St. *Lamar* Ward *1*
 2. FULL NAME *Alfred Herman Barth*
 (a) Residence. No. *154* St. *129* Ward. *7*
 (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 *Jane L. Barth*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *3-31-1844*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 10 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Retired Merchant*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Bremen, Prussia*
 (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Adolph H. Barth*

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

12. MAIDEN NAME OF MOTHER *Wilmena*

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

14. INFORMANT *Ropt L. Barth*
 (Address) *Lamar, Mo.*

15. FILED *3-5-30* 19 *30* *A. J. Mynatt*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 8th 1930*
 17. I HEREBY CERTIFY, That I attended deceased from *July 15th 1899* to *Feb 8th 1930*
 that I last saw him alive on *Feb 8th 1930* and that death occurred, on the date stated above, at *1:30 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteria Sclerosis

CONTRIBUTORY (SECONDARY) *9/103*
 (duration) *2* yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *W. J. Popplewell* M. D.

2-9-1930 (Address) *Lamar, 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 *Lake Cemetery* DATE OF BURIAL *Feb 10 1930*
 20. UNDERTAKER *B. F. Konantz* ADDRESS *Lamar*

WRITE PLAINLY. BOTH 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.

