

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

Do not use this space.

6278

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton (No. 801 Boland)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 801 Boland St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 Lola J. Barrows

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>8</u>	<u>18</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesmanager
(b) General nature of industry, business, or establishment in which employed (or employer) American Steel & Wire Co
(c) Name of employer Jenewille

9. BIRTHPLACE (CITY OR TOWN) Jenewille
(STATE OR COUNTRY) Wis

10. NAME OF FATHER Eleazer S. Barrows

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Anna S. Doelittle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

14. INFORMANT Lynard H. Barrows
(Address) 1801 Boland Dr. Clayton

15. FILED Feb 27 1930 R. W. Dullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1930 to Feb 25, 1930
that I last saw him alive on Feb 18, 1930, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
92A

(duration) _____ yrs. 8 mos. _____ ds.

CONTRIBUTORY (SECONDARY) 900
(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?

(Signed) Nelson J. Hawley, M. D.

Feb 27 1930 (Address) 5899 Delmar

*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

Oak Grove

Feb 28 1930

20. UNDERTAKER

ADDRESS

Parker and Co webster Grove

1930
MAR 28

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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W. J. Hawley

Nebraska 5899

U.S. DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY