

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

Do not use this space.

9540

1. PLACE OF DEATH

County Miller
Township Richwoods
City Beria (No.)

Registration District No. 562
Primary Registration District No. 3757

File No.
Registered No.
St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

Margaret Sartars

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

June - 9 - 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

76

9

17

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)

(STATE OR COUNTRY)

(unknown)
Arkansas

10. NAME OF FATHER

Alfred Barlow

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

(unknown)

12. MAIDEN NAME OF MOTHER

Julia Robinett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

(unknown)

14. INFORMANT

(Address)

Andrew Barlow
Beria, Mo.

15. FILED

Apr 10, 1930 W. A. van Gump
REGISTRAR

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

March 26 1930

17.

I HEREBY CERTIFY, That I attended deceased from
March 7, 1930, to March 26, 1930
that I last saw him alive on Feb 20, 1930, and that
death occurred, on the date stated above, at 5 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Angina Pectoris
Rheumatism
died very suddenly
948 (duration) 1 yrs. mos. ds.

**CONTRIBUTORY
(SECONDARY)**

57A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. van Gump, M. D.

Mar 27 1930 (Address) Beria 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

Hickory Point Cemetery

3/27 1930

20. UNDERTAKER

ADDRESS

B. L. Casey

Beria, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

