

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

Do not use this space.

JUN 25 1930

15853

File No. _____
Registered No. 371
St. _____ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 205L
City Springfield (No. 1009 Division)

2. FULL NAME Samuel A. Barclay

(a) Residence No. 1109 S. Keisler 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 Martha Barclay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 3 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Carpenter
(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) Pennsylvania

10. NAME OF FATHER James Barclay

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

12. MAIDEN NAME OF MOTHER Elizabeth Anderson

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

14. INFORMANT Oscar L. Barclay
(Address) Roseville Mo.

15. FILED 5/11, 1930 Goss Sharp REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1930

17. I HEREBY CERTIFY, That I attended deceased from April, 1929, to May 10, 1930, that I last saw him alive on 5-8-30, 1930, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
ISC (Senile Heart with
Arteriosclerosis)
99 (duration) 17 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemiplegia
(duration) _____ yrs. mos. ds.

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

18 DID AN OPERATION PRECEDE DEATH? DATE OF _____

18 WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. D. Callaway, M. D.

5-11, 1930 (Address) Springfield 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
Marshall, Mo. May 11 1930

20. UNDERTAKER ADDRESS
H. J. Mahan Marshall

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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