

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.

SEC 23 1930

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

Do not use this space.

38255

1. PLACE OF DEATH

County Shelby
Township Clay
City Hogansboro

Registration District No. 827
Primary Registration District No. 4500

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Fletcher F. Barton

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7-1906

7. AGE YEARS 23 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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) Missouri

10. NAME OF FATHER Flee Barton

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

12. MAIDEN NAME OF MOTHER Susie Smith

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

14. INFORMANT Mrs Susie Barton
(Address) Clarence, Mo

15. FILED 11/21 1930 Roy Hamilton
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 13 1930 to Nov 13 1930
that I last saw him alive on Nov 10 1930 and that death occurred, on the date stated above, at 7:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute paronychia, right toe
11/13/30
(duration) yrs. 3 mos. _____ ds.
CONTRIBUTORY Influenza, contracted
(SECONDARY) Aug 1, 1930 (duration) yrs. _____ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
Edward J. Hagan, M. D.

, 1930 (Address) Clarence

*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 Bacon Chapel DATE OF BURIAL Nov 15, 1930

20. UNDERTAKER E. K. Hopper ADDRESS Clarence Mo

