

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

Do not use this space.

41845

1. PLACE OF DEATH
 County Charlton Registration District No. 884
 Township Cherette Primary Registration District No. 6176
 City..... (No..... Ward)
 2. FULL NAME Alfred Charles Barth
 (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 1 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.....
 Registered No. 29

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) July 10th 1890

7. AGE 40 YEARS MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Chicago, Ill.
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Chas. J. Barth
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chicago, Ill.
 (STATE OR COUNTRY)

14. INFORMANT W. H. Stumm
 (Address) Marionville, Mo.

15. FILED Dec 25 25 1925 J. C. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1929, to Dec 26 1930 that I last saw him alive on Dec 25 1930, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy

(duration) 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 18 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) J. C. Johnson, M. D.

, 19 (Address) Marionville 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

Chicago, Ill. Dec 26 1930

20. UMBERTAKER ADDRESS

Fred Wick Hubrey Marionville Mo

K. 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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 22 1925

