

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

Do not use this space.

12900

1. PLACE OF DEATH

County Sullivan
Township Burns
City Osgood (No. _____)

Registration District No. 80-4
Primary Registration District No. 45-28

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Lewis 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Susan Barton deceased
1897

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
8 1/2 12

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) MT Vernon
(STATE OR COUNTRY) Ind

10. NAME OF FATHER William Barton

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

12. MAIDEN NAME OF MOTHER Rebecca Whinnemiller

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

14. INFORMANT Ed Barton
(Address) Harrison, Mo

15. Mar 20, 1931 D.L. Jewis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-21- 1931 to 3-22- 1931
that I last saw him alive on 3-8- 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic myocarditis
181A
1912
93c (duration) 3 yrs. mos. da.
CONTRIBUTORY Broken femur from
(SECONDARY) accidental
fall at home (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chrical
(Signed) E.C. Weston, M.D.
3-23, 1931 (Address) Galt, 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 Union Grove DATE OF BURIAL 3-23 1931

20. UNDERTAKER H.J. Martin ADDRESS Harrison, 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.

APR 27 1931

