

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

Do not use this space.

13012

1. PLACE OF DEATH

County Webster
Township W. Dallas
City (No. _____) _____

Registration District No. 901
Primary Registration District No. 6210

File No. _____
Registered No. _____

2. FULL NAME

Mary Jane 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>		<u>5</u>	<u>21</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Webster Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Richard Criger

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

12. MAIDEN NAME OF MOTHER Sarah Newbome

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

14. INFORMANT H. J. Barton
(Address) Fordland Mo

15. FILED Mar 21 1931 Nellie Atkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died without medical attendant. Had a mitral valve lesion of several years duration. From testimony of family physician and witnesses, death is believed to have been due to acute decompression.

18. WHERE WAS DISEASE CONTRACTED resulting from myocardial failure.
(INDICATE PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. P. Macdonnell M. D.
Deputy State Coroner of Health
(Address) Marshfield, 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 mt Olive Cem DATE OF BURIAL 3-10 1931

20. UNDERTAKER G. F. Starvo Fordland Mo ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 27 1931

