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

Do not use this space.

13275

1. PLACE OF DEATH

County BUchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 442

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Charles Walter Barber,

(a) Residence. No. St., Ward. Denver, Missouri,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12th. 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	0	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child,
(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) Denver, Missouri,

PARENTS

10. NAME OF FATHER Charles Barber,

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

12. MAIDEN NAME OF MOTHER Anna B. Hulet,

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

14. INFORMANT Charles Barber
(Address) R.F.D.# 2, Denver, Mo.

15. FILED 4-22-, 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21. 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-21, 1931, to 4-21, 1931 that I last saw him alive on 4-21, 1931, and that death occurred, on the date stated above, at 8:15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis, Congenital
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Prematurity
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W Roger Moore, M. D.
Apr 22, 1931 (Address) St Joseph, 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
Denver, Mo. via auto	April 23 1931

20. UNDERTAKER	ADDRESS
Heaton - Bergalt Bowman Funeral Home	319 S. 10th St.

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.

MAY 21 1931

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