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

Do not use this space.

18312

JUN 26 1931

**1. PLACE OF DEATH**
County Jackson
Township Prairie
City Lees Summit (No. Lees Summit Hospital St. Ward)
Registration District No. 400
Primary Registration District No. 4233
File No.
Registered No. 99

**2. FULL NAME** Irvin 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 15 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** Colored
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed

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

**6. DATE OF BIRTH** March—17-1893

**7. AGE** YEARS 38 — MONTHS 2 DAYS 10 — If LESS than 1 day, .......... hrs. or .......... min.

**8.** Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
**9.** Industry or business in which work was done, as silk mill, saw mill, bank, etc.
**10.** Date deceased last worked at this occupation (month and year)
**11.** Total time (years) spent in this occupation

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Glasgow Mo.

**13. NAME** Charlie Barton
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Glasgow Mo.

**15. MAIDEN NAME** Charlotta Brown
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Glasgow Mo.

**17. INFORMANT (ADDRESS)** Caswell Blake X Lees Summit Mo.

**18. BURIAL, CREMATION, OR REMOVAL** Lees Summit DATE May 30—19
**19. UNDERTAKER (ADDRESS)** Fields Jarvis Co. Lees Summit Mo.
**20. FILED** May 28 31 W. L. Jarvis Registrar.

## MEDICAL CERTIFICATE OF DEATH

No Coroner 5/77

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) 5/77, 19 31

**22. I HEREBY CERTIFY,** That I attended deceased from .......... , 19......, to .......... , 19......
I last saw h........ alive on .......... , 19...... Death is said to have occurred on the date stated above, at .......... m.
The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage Right Lung

Other contributory causes of importance:

Run down by Truck

Name of operation .......... Date of ..........
What test confirmed diagnosis? .......... Was there an autopsy? Yes

**23.** If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? .......... Date of injury .......... , 19......
Where did injury occur? near home Jack # 3
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..........
Nature of injury ..........

**24.** Was disease or injury in any way related to occupation of deceased?
If so, specify ..........
(Signed) E. Summers M. D.
(Address) Independence Mo.