

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

Wm. E. Cooper
Do not use this space.

18853-2

1. PLACE OF DEATH

County Pemisco
Township Pemisco
City Sanford (No.) St. Ward)

Registration District No. 5872
Primary Registration District No. 655

File No.
Registered No.
St. Ward)

2. FULL NAME

Stephen A. Barron
(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 25

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

9. BIRTHPLACE (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Tenn

10. NAME OF FATHER Johnson Barron

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

12. MAIDEN NAME OF MOTHER Sally Howell

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

14. INFORMANT W. H. Barron
(Address) Steel mo. R. 1.

15. FILED 41 31 May 31 Wm. E. Cooper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 26 1931

17. I HEREBY CERTIFY, That I attended deceased from 5 - 1 - 1931, to 5 - 20 - 1931, that I last saw him alive on 5 - 25 - 1931, and that death occurred, on the date stated above, at 5.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1931
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X

DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. E. Cooper, M. D.
16 - 16 - 1931 (Address) Cynth, 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 Sanford cem - DATE OF BURIAL 5 - 27 1931

20. UNDERTAKER German mdrco ADDRESS Steel mo

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.

