

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

Do not use this space.

22451

1. PLACE OF DEATH

County Jefferson

Registration District No. 712

Township Jefferson

Primary Registration District No. 5941

City Richland Mo (No. _____)

File No. _____

Registered No. 12

St. _____

Ward _____

2. FULL NAME

Trade H. 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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

Mary Barton

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

7-26-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

64

10

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer 1

(b) General nature of industry, business, or establishment in which employed (or employer)

Mrs Mary Barton

(c) Name of employer

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

Miller Co. Mo.,

PARENTS

10. NAME OF FATHER

Bentley Barton

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

Jefferson

12. MAIDEN NAME OF MOTHER

Elizabeth Hendon

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

Kentucky

14.

INFORMANT (Address)

Thelma Barton
Richland Mo.

15.

FILED

6-19-31 Evelyn A. Oliver

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 18 - 1931

17.

I HEREBY CERTIFY, That I attended deceased from May 25 - 1927 to June 18, 1931. that I last saw him alive on June 17 - 1931, and that death occurred, on the date stated above, at 11:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auricular Fibrillation + Mitral insufficiency -

95A

(duration) 4 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Unknown

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED?

921 1/2 West place of death

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Bed side diagnosis
Overt A. Oliver

(Signed)

June 18, 1931 (Address) Richland 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

Union Mo.

June 20 1931

20. UNDERTAKER

ADDRESS

W. H. Jones Richland Mo

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.

1931 JUL 8 '31

