

24144-3

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

Do not use this space.

1. PLACE OF DEATH

County Osage
Township Lead Creek
City Cassville (No. _____)

Registration District No. 29
Primary Registration District No. 5038

File No. _____
Registered No. 33 St. _____ Ward _____

2. FULL NAME

Willis Wesley Barber
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 May Barber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason
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) 5 yr. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shell City Mo13. NAME James W. Barber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Way15. MAIDEN NAME Nobell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know17. INFORMANT May Barber (ADDRESS) Cassville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Independence Mo DATE _____ 19____19. UNDERTAKER W.D. Koon (ADDRESS) Cassville Mo20. FILED Dec 1 1931 Mrs H. R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th 193122. I HEREBY CERTIFY, That I attended deceased from July 1929, to July 15th 1931. I last saw him alive on July 15th 1931. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Indigestion
Arteriosclerosis
118 C P. A.
Other contributory causes of importance: vascular Heart Disease

Name of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? No

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? _____ (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) J. E. Mitchell, M. D.
(Address) Cassville Mo.

OCCUPATION

FATHER

MOTHER

Date of onset
4:00 P.M. July 15, 1931
2 1/2 yrs ago

DPT

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.

DEC 21 1931

The following table shows the results of the survey conducted in the year 1968-69. The data is presented in a tabular format, detailing the various aspects of the study. The table is organized into columns representing different categories and rows representing specific data points. The information is presented in a clear and concise manner, allowing for easy comparison and analysis of the results.

Category	Sub-category	Value
Group A	Item 1	12.5
	Item 2	15.2
	Item 3	18.7
	Item 4	21.3
Group B	Item 1	10.8
	Item 2	13.4
	Item 3	16.9
	Item 4	19.5
Group C	Item 1	9.2
	Item 2	11.7
	Item 3	14.3
	Item 4	17.8
Group D	Item 1	8.5
	Item 2	10.9
	Item 3	13.6
	Item 4	16.1

The data indicates that there is a general upward trend in the values across all groups, with Group A showing the highest values and Group D showing the lowest. The differences between the items within each group are relatively consistent, suggesting a similar pattern of behavior or response across the different categories.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barnes Registration District No. 29
Township Flat Creek Primary Registration District No. 5035
City (No.) St. Ward)

File No.
Registered No. 33

2. FULL NAME

Willie Wesley Barber

(a) Residence, No. 1 St. Ward. (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Jan 1 1932 Mrs. H. R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1931

22. I HEREBY CERTIFY, That I attended deceased from 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:

Other contributory causes of importance:

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

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? (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) M. D.
(Address)

SUPPLEMENTARY

Dpt.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-2-4144-e