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.

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

Do not use this space.

35798

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 10309

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Ada Barton

(a) Residence. No. ..... St., 6 Ward. Belleville Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12 - 2 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	10	4	

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

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

PARENTS

10. NAME OF FATHER Charlie Wilson

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

12. MAIDEN NAME OF MOTHER Betty Senior

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

14. INFORMANT W. N. Barton
(Address) Belleville, Ills.

15. FILED OCT - 7 1931 Max E. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6 - 1931

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to Oct 6, 1931 that I last saw her alive on Oct 6, 1931, and that death occurred, on the date stated above, at 8:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Coma

59

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) diabetes Mellitus

..... (duration) 10 yrs. 8 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) F. R. Finnegan, M. D.

, 19 (Address) 3701 Westminster

*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 Belleville, Ill. DATE OF BURIAL 10-9- 1931

20. UNDERTAKER Pete Gardner ADDRESS Belleville