

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

Do not use this space.

1097

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3800 Central) St. _____ Ward _____

File No. _____
 Registered No. 1185
 St. _____ Ward _____

2. FULL NAME

John Raymond Barton
 (a) Residence, No. 3800 Central St. 5 Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Eunice K. Barton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1885
 7. AGE YEARS 46 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired manufacturing business
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. business
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1932
 22. I HEREBY CERTIFY That I attended deceased from Nov. 16 1931 to Jan. 14 1932
 I last saw him alive on Jan. 14, 1932 Death is said to have occurred on the date stated above, at 6:30 A. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion (Thrombosis) 1/13/32
94B
97
 Other contributory causes of importance Arterio-sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska 2
 13. NAME E. B. Barton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Iressa Nugen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia
 17. INFORMANT Mrs. Eunice K. Barton (ADDRESS) 3800
 18. BURIAL, CREMATION, OR REMOVAL PLACE Curran, Neb. DATE January 15, 1932
 19. UNDERTAKER W. H. Newcomer's Sons (ADDRESS) Kansas City, Missouri
 20. FILED Jan 14, 1932 M. M. Carone Registrar.

8. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 1
 24. Was disease of injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Edw. H. Haskinger M. D.
 (Address) Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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