

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

Do not use this space.

**1. PLACE OF DEATH**

County Wernox Registration District No. 875  
 Township Washington Primary Registration District No. 16162  
 City Woods No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3519  
 Registered No. 10

**2. FULL NAME**

James H. Barclay  
 (a) Residence. No. State Harp. # 3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 2 mos. 3 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)** Divorced  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** 7  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Mar 20 1859  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 9 28  
**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) (STATE OR COUNTRY)** Charity, W. Va.  
**10. NAME OF FATHER** R. H. Barclay  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** W. Va.  
**12. MAIDEN NAME OF MOTHER** L. Davidson  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** W. Va.

**14. INFORMANT** L. H. Barclay 709 S Harrison  
 (Address) Washington W. Va.

**15. FILED** 1-20 1932 E. R. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 18 1932  
**17. I HEREBY CERTIFY, That I attended deceased from** Aug 4 1931 to Jan 18 1932  
 that I last saw him alive on Jan 18 1932 and that death occurred, on the date stated above, at 11:05 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Chronic Myocarditis  
93C  
 (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** 93C  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_  
**20. WAS THERE AN AUTOPSY?** No  
**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
 (Signed) Laurence L. Cooper M. D.  
1-18 1932 (Address) Woods W. Va.

\*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** Springfield, Mo **DATE OF BURIAL** 1-20 1932  
**20. UNDERTAKER** John C. Myers **ADDRESS** Nevada

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.

FEB 25 1932

