

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

Do not use this space.

7097

1. PLACE OF DEATH

County Sullivan

Registration District No. 849

File No. 2

Township Buchanan

Primary Registration District No. 6128

Registered No. 2

City (No.)

St. Ward

2. FULL NAME George W. Barr

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1851

7. AGE YEARS 80 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. renter on farm

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Waterloo Iowa

13. NAME William Barr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Bert Barr (ADDRESS) Green city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE 2/3 - 1932

19. UNDERTAKER Glenn E. Hunt (ADDRESS) Green city mo

20. FILED Feb 6 1932 Missouri

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1932, to Feb 7 1932. last saw him alive on Jan 30 1932. Death is said to have occurred on the date stated above, at 9 a.m.

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

Chronic Nephritis Date of onset

131 131

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) W. H. Hunter M.D. M. D.

(Address) Green city mo

Registrar

