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.

APR 13 1932

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

Do not use this space.
11524

1. PLACE OF DEATH
County: Barrett
Township: Purdy
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 21
Primary Registration District No. 40221

File No. .....
Registered No. 9

2. FULL NAME: William Barrett.

(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*): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2, 1854

7. AGE: Years 77 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
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): Laurel Co. Ky.

FATHER
13. NAME: William Barrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laurel Co. Ky.

MOTHER
15. MAIDEN NAME: Hairy Combs.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Ky.

17. INFORMANT (ADDRESS): Mat. Barrett, Purdy, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Arnhart DATE: 4-11 1932

19. UNDERTAKER (ADDRESS): Blankenship's, Purdy, Mo.

20. FILED: 4-11 1932 Mattie Blankenship
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932 to Apr 10, 1932
I last saw him alive on Mar 1, 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:

	Date of onset
Cancer of Face	1931

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) Ernest Mitchell, M. D.
(Address) Monett Mo