

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

Do not use this space.

23430

1. PLACE OF DEATH

County Milled
Township Equality
City Tuscumbia (No. _____) St. _____ Ward _____

Registration District No. 564
Primary Registration District No. 5758

File No. _____
Registered No. _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 7

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

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) Tuscumbia (STATE OR COUNTRY) Missouri

13. NAME Norman T. Barron

14. BIRTHPLACE (CITY OR TOWN) Tuscumbia (STATE OR COUNTRY) MO

15. MAIDEN NAME Opal Hunt

16. BIRTHPLACE (CITY OR TOWN) Sudhamer (STATE OR COUNTRY) MO

17. INFORMANT Norman T. Barron (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Tuscumbia, Mo. DATE July 12 1932

19. UNDERTAKER Nightread (ADDRESS) Tuscumbia, Mo.

20. FILED July 12, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1932

22. I HEREBY CERTIFY, that I attended deceased from July 10 1932 to July 11 1932. I last saw him alive on July 11 1932. Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows: Paralysis of Throat Date of onset _____

Other contributory causes of importance: 115A

Name of operation None Date of _____

What test confirmed diagnosis? Symptoms 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 _____

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) D. H. K. Smith M. D.

(Address) Tuscumbia, Mo.

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.

JUL 25 1932

PHYSICIAN
OCCUPATIONAL

1971

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Miller
Township Equality
City (No.)

Registration District No. 564
Primary Registration District No. 5758

File No.
Registered No.
St. Ward

2. FULL NAME

Hershel Delan Barron

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1932

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Tuscumbia mo

13. NAME Norman T. Barron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuscumbia mo

15. MAIDEN NAME Opal Dent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner mo

17. INFORMANT Norman T. Barron
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Tuscumbia mo DATE July 2 1932

19. UNDERTAKER Neighbors
(ADDRESS) Tuscumbia mo

20. FILED 7/12 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1932 to July 11 1932
I last saw him alive on July 11 1932 Death is said to have occurred on the date stated above, at 955 P m.

The principal cause of death and related causes of importance were as follows: Paralysis of throat Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Syngman 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. H. Kouns, M. D.
(Address) Tuscumbia mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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.

SUPPLEMENTARY

S-23430