

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

Do not use this space.

23430

1. PLACE OF DEATH

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

Registration District No. 564
Primary Registration District No. 5758

File No. _____
Registered No. _____

2. FULL NAME

Hershel Delano 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) 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) Miller Co. Mo

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 Nightrider (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/her 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

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

**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

(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) Tusculum (STATE OR COUNTRY) Mo

13. NAME Norman T. Barron

14. BIRTHPLACE (CITY OR TOWN) Tusculum (STATE OR COUNTRY) Mo

15. MAIDEN NAME Opal Mont

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

17. INFORMANT Norman T. Barron (ADDRESS) _____

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

19. UNDERTAKER Neighbors (ADDRESS) Tusculum Mo

20. FILED 7/12 1932 5775 am 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.

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? Aspiration 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) Tusculum 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.

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

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