

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

Do not use this space.

26539

1. PLACE OF DEATH

49 County Jasper
11 Township West City
7 City West City

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 75
St. _____ Ward _____

2. FULL NAME

John Barger
(a) Residence No. 412 N. Kennel 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 Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) 226
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hickory County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Barger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Mollie Barger
(Address) West City, Mo.

15. FILED 8/29 1932 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 21st 1932, to Aug 26 1932, that I last saw him alive on Aug 26 1932, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis - left side
820 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 820 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? 4
(Signed) Geo. Saus M. D.
Aug 27, 1932 (Address) West City, Mo.

*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 Pittsburg, Kansas DATE OF BURIAL 8/29 1932

20. UNDERTAKER West City ADDRESS West City

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. SEP 23 1932

