

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

Do not use this space.

**29086**

**1. PLACE OF DEATH**

412 County Harrison Registration District No. 349  
Towship Libby Primary Registration District No. 7207  
City Calhoun (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Libby D Barrow  
(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 30 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 Annie Barrow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Ill.

13. NAME John D Barrow

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Martha Stone

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.

17. INFORMANT Libby D Barrow (ADDRESS) Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Drexler Cemetery DATE Sept 14 1932

19. UNDERTAKER A. House (ADDRESS) Calhoun Mo

20. FILED 9-14 1932 Mo. C. C. Gray Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1932 to Sept 12 1932

I last saw him alive on Sept 12 1932 Death is said to have occurred on the date stated above, at 10 P.M.  
The principal cause of death and related causes of importance were as follows:

Shg Distraction Date of onset \_\_\_\_\_

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Sept 12 1932

Where did injury occur? Calhoun Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

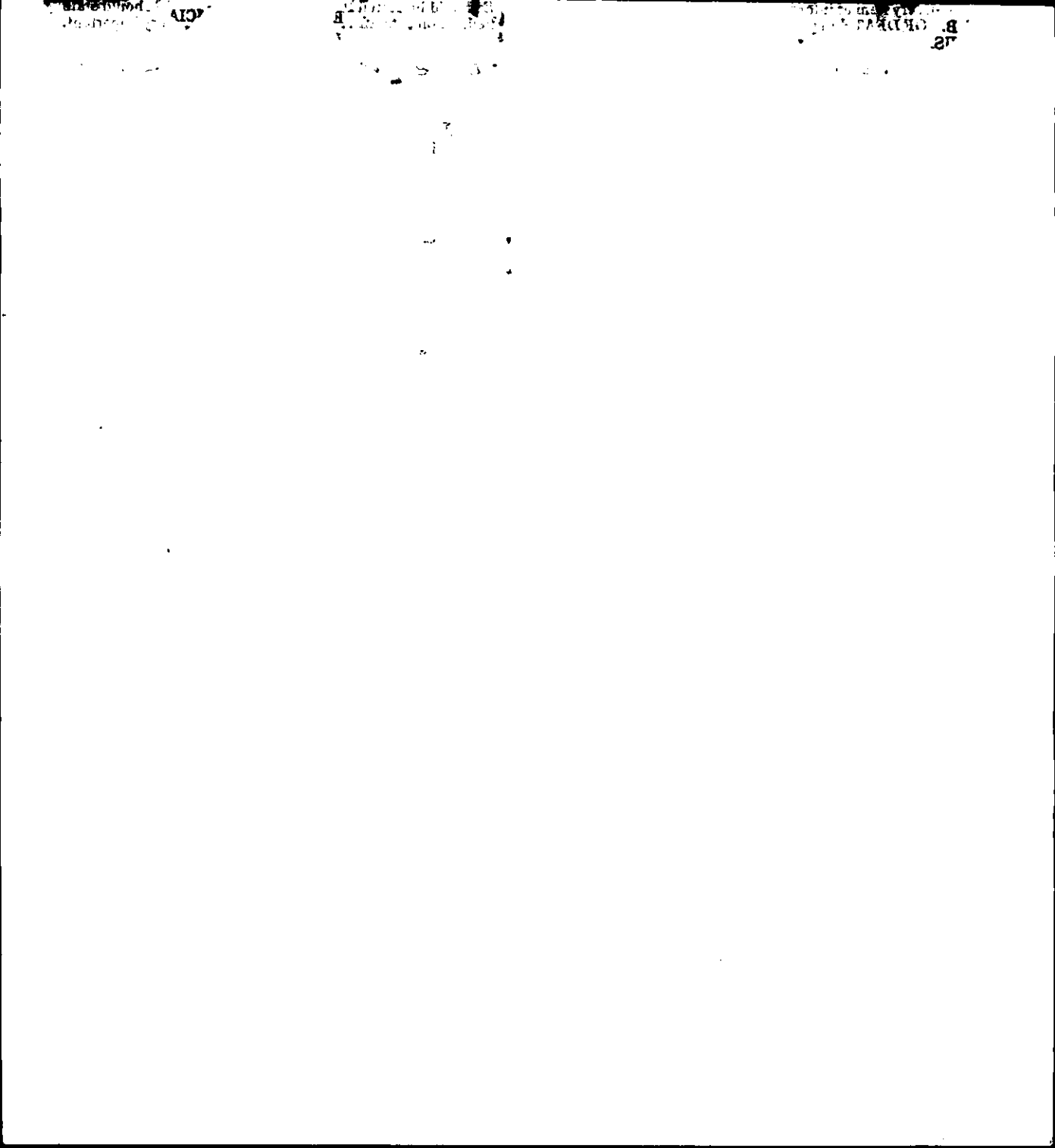
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. D. Barrow M. D.  
(Address) Calhoun 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.

MC 25 1034



**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 Henry  
Township Calhoun  
City Calhoun (No. ....)

Registration District No. 349  
Primary Registration District No. 4207

File No. ....  
Registered No. 24 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) M

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

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

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

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 11-11 1932 Mrs. A. L. Gray Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at.....m.

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

Self-distruction Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? 270 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 9/12 1932

Where did injury occur? at Calhoun, Calhoun, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in home

Manner of injury shot

Nature of injury in front

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. L. Gray M. D.

(Address) Calhoun Mo

**SUPPLEMENTARY**

N. B. Information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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