

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

Do not use this space.

38129

**1. PLACE OF DEATH**

108 County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City Atwood (No. 4) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Joseph Barr  
(a) Residence, No. State High # 3 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. 7 mos. 5 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>29</u>	<u>9</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Hartsville Mo.

13. NAME John S Barr

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

15. MAIDEN NAME Marcia McClanahan

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

17. INFORMANT (ADDRESS) Miss Ethel Dixon  
Well City Mo. P. O. Box 132

18. BURIAL, CREMATION, OR REMOVAL PLACE Opden Mo. DATE Nov. 28 1932

19. UNDERTAKER (ADDRESS) Mark C. Calkins  
Neodesha, Missouri

20. FILED 12-1- 1932 E. B. King Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 22 1932 to Nov 27 1932  
I last saw him alive on Nov 27 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral 85  
85  
9  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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? no  
If so, specify \_\_\_\_\_  
(Signed) Laura L. Cooper, M. D.  
(Address) Nevada 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.

JAN 5 1933

