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.

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

Do not use this space.

2207

1. PLACE OF DEATH

57 County Lincoln — Registration District No. 486 — File No.

Township — Primary Registration District No. 4293 — Registered No. 2

1 City Elsberry (No. ... St. ... Ward)

3 2. FULL NAME John M. Barton

(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
82	11	16	

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

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER H. Barton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Hester Beauchamp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Mrs May Barton
(Address) Elsberry Mo

15. FILED 2-10, 1933 G. E. Powell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1933, to Jan. 22, 1933 that I last saw him alive on Jan. 21, 1933 and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic bronchitis - No T.B.

106 B 106 B (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Powell, M. D.
, 19 (Address) Elsberry, 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: Elsberry Cemetary — DATE OF BURIAL: Jan 24 1933

20. UNDERTAKER: W. D. Bradley — ADDRESS: Elsberry