

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

Do not use this space.

12072

1. PLACE OF DEATH

County Stone
Township Grant
City (No.) St. Ward

Registration District No. 846
Primary Registration District No. 6105

File No.
Registered No. 5 St. Ward

2. FULL NAME

Barton Short

(a) Residence, No. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1885

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

81 5 18

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) Lakewood Mo

13. NAME 4th Short

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

15. MAIDEN NAME Rebecca McPerson

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

17. INFORMANT Mrs M F Childs

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wickliffe DATE 3-3-33

19. UNDERTAKER W E Nelson

(ADDRESS) 4. and 1st

20. FILED 3-9-33 H. G. Chumey

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-33

22. I HEREBY CERTIFY, That I attended deceased from Quail Hill 1932, to March 1st 1933

I last saw him alive on Feb 1st 1933. Death is said to have occurred on the date stated above, at 4:30 m.

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

Arteriosclerosis

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Date of onset

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) H. W. Lester, M. D.
(Address) Marionville 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.

WHILE I WAS WITH CHUMBEY WORKING THIS IS A PARENT RECORD

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