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

Do not use this space.

17231

File No. 27

Registered No.

1. PLACE OF DEATH

County Monroe — Registration District No. 582

Township Washington — Primary Registration District No. 5780

City ..... St. ..... Ward)

2. FULL NAME Albert T. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 23 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Cora L. Barrow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16-1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	8	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James E Barrow

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

12. MAIDEN NAME OF MOTHER Mary E Conley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Herter Barrow
(Address) Moberly Mo

15. FILED 5/19, 1933 Dr H L Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to May 8, 1933 that I last saw him alive on April 26, 1933, and that death occurred, on the date stated above, at 4:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Carcinoma

47B

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 47B

(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) J. A. Furnish, M. D.

, 19 (Address) Shelbina, 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	DATE OF BURIAL
Deer Creek Cem.	5/10 1933
20. UNDERTAKER	ADDRESS
Grover J Givan	Hunnewell Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.