

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.

JUN 22 1933

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

Do not use this space.

19324

1. PLACE OF DEATH
33 County St. Louis Registration District No. 997
Township Gladden Primary Registration District No. 6238
City (No. St. Ward)

2. FULL NAME Mrs. Bessie Barton
(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 female 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 Sidney Barton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 7 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis Mo.

13. NAME Francis Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Mo.

15. MAIDEN NAME Maud Hart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Will Ruggle
(ADDRESS) Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jadwin Cem DATE June 9 1933

19. UNDERTAKER Carl K Spencer
(ADDRESS) Salem Mo.

20. FILED June 10 1933 P.M. Jadwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1933

I HEREBY CERTIFY That I attended deceased from May 29, 1933, to June 8, 1933
I last saw him alive on June 1, 1933 Death is said to have occurred on the date stated above, at 5:40 P. M.
The principal cause of death and related causes of importance were as follows:

Septicemia following abortion

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Findings 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) C. E. Dwyer, M. D.
(Address) Salem, Missouri

