

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.

26028

1. PLACE OF DEATH

County Dade
Township Lackwood
City Lackwood (No. 238)

Registration District No. 238
Primary Registration District No. 3324

File No.
Registered No.
St. Ward)

2. FULL NAME

George Roberts 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 8

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) Oklahoma City13. NAME Lewis R Barton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mundata Ill15. MAIDEN NAME Marie Hall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kinnepeg17. INFORMANT (ADDRESS) L. R. Roberts

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lackwood DATE Aug 30 193319. UNDERTAKER (ADDRESS) L. R. Roberts20. FILED 8-31 1933 J. E. Wren

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 193322. I HEREBY CERTIFY, That I attended deceased from Aug 31 1933, to —, 1933I last saw him alive on Aug 31 1933. Death is saidto have occurred on the date stated above, at 3:30 a.m.

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

Acute Pneumonia103103103Other contributory causes of importance: Marasmus MalnutritionName of operation none Date of —What test confirmed diagnosis? — 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 —, 1933

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? NoIf so, specify —(Signed) Paul E. Munster DO(Address) Lackwood Mo

