

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

Do not use this space.

27289

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Rice Primary Registration District No. 440.3
City Rice (No. Riley Hospital) St. _____ Ward _____

File No. _____
Registered No. 71
St. _____ Ward _____

2. FULL NAME

S. Christopher Barton
(a) Residence, No. Edgar Spgs Mo 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 <u>m.</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ocas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 1891</u>		
7. AGE	YEARS	MONTHS DAYS
<u>42</u>	<u>1</u>	<u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mill worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stax mill</u>	
	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) <u>Raymond Mo</u>		
FATHER	13. NAME <u>Sam Barton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Betty Sevin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs Ocas Barton</u> (ADDRESS) <u>Edgar Spgs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial</u> DATE <u>Aug 14 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. Mull & Son</u> <u>Edgar Mo</u>		
20. FILED <u>Aug 18 1933</u> <u>Jos. F. Ayers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Unavoidable accident
Grabbled to a moving truck and fell under truck crushing his left breast

Other contributory causes of importance:
on Highway 63 near Edgar Spgs, Mo

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) W. H. Lehlider coroner
(Address) St James 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.

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