

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

Do not use this space.

**31972**

**1. PLACE OF DEATH**

107 County Texas Registration District No. 862  
Township Budline Primary Registration District No. 6135  
City Cabool Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**2. FULL NAME**

(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. 3 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 22, 1926</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>11</u>
		DAYS
		<u>15</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>School Boy</u>	
	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) <u>Sioux City Iowa</u>		
FATHER	13. NAME <u>George Barton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebr.</u>	
MOTHER	15. MAIDEN NAME <u>Avis Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Avis Bates Cabool Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview</u> DATE <u>Sept 9 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Gaylord V. Elliott Cabool Mo.</u>		
20. FILED <u>Sept 9 1933</u> <u>Eva R. Hall</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933 to Sept 7 1933  
I last saw him alive on Sept 7 1933 Death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:  
Run over by automobile / accidental / Internal injuries  
210M  
Other contributory causes of importance: \_\_\_\_\_  
210

Date of onset	<u>Sept 7, 1933</u>
	<u>200</u>

Name of operation \_\_\_\_\_ 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? accident Date of injury Sept 7 1933  
Where did injury occur? Cabool Mo. Texas  
(Specify city or town, county, and State) CO.  
Specify whether injury occurred in industry, in home, or in public place. On street of Cabool Mo.  
Manner of injury Struck & run over by car  
Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. M. Edens, M. D.  
(Address) Cabool 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.

OCT 20 1933

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