

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

Do not use this space.

31983

**1. PLACE OF DEATH**

County Ulnum  
Township Bease  
City Horton (No. ....)

Registration District No. 871  
Primary Registration District No. 10-0

File No. ....  
Registered No. 12  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Horton, 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 50 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) April 1, 1933 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo

MOTHER 13. NAME John Wesley Barlisle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Estela Fanchner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austyn, Mo

17. INFORMANT Augy Lamberson (ADDRESS) Horton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Belltown DATE Sept 7, 1933

19. UNDERTAKER (ADDRESS) Frank General

20. FILED Sept 11, 1933 C. H. Messer, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1933

22. I HEREBY CERTIFY, that I attended deceased from April 1933 to Sept 4, 1933

I last saw him alive on April 1, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Carcinoma of breast glands  
50

Other contributory causes of importance:  
metastatic carcinoma of chest

Name of operation Amputation of breast Date Aug 7, 1932  
What test confirmed diagnosis? Pathological 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. H. Messer, M. D.  
(Address) Horton, 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

