

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.

NOV 20 1933

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

Do not use this space.

285

32295

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St Joseph Mo Primary Registration District No. 1001
 City St Joseph Mo (No. State Hospital #2) St. _____ Ward _____

2. FULL NAME Thomas Barber
 (a) Residence, No. 724 N. 6th St Joseph Mo (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1856

7. AGE YEARS 77 MONTHS 7 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Common Laborer
 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) Utica N. Y.

MOTHER FATHER
 13. NAME John Barber
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown England
 15. MAIDEN NAME Genevia Pully
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Buchanan Mo

17. INFORMANT State Hospital Records
 (ADDRESS) St Joseph Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clarksdale Mo. DATE Oct. 29, 1933

19. UNDERTAKER R. Sidenfaden
 (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 10-28, 1933 John K. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933 to Oct 27, 1933
 I last saw him alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 3da
13/10/1933
13/1
 Other contributory causes of importance: Chronic Nephritis Infective

Name of operation No Op Date of _____
 What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. Miles, M. D.
 (Address) State Hospital No 2

