

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

Do not use this space.

38991

1. PLACE OF DEATH

County Winifred
Township Winifred
City Winifred (No. 1)

Registration District No. 908
Primary Registration District No. 4549

File No. 49
Registered No. 49
St. Mo. Ward. 1

2. FULL NAME

(a) Residence, No. James Monroe Barton St. Mo. Ward. 1
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Barton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16-1870
7. AGE YEARS 63 MONTHS 2 DAYS #1 If LESS than 1 day, ...hra. or min.
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. Farmer
10. Date deceased last worked at this occupation (month and year) 6 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME James Monroe Barton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr Anna Barton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Willow Spgs DATE 11-15 33

19. UNDERTAKER (ADDRESS) Barton F. Home - St. Joseph

20. FILED 11-18-33 Archie Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1-21, 1933, to November 15, 1933
I last saw him alive on November 16, 1933 Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Hasty Consumption Date of onset October 32
Exposure
23A
194B
Other contributory causes of importance: Disagreeable conditions Date not known

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? no 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. not known
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify as stated above
(Signed) Henry M. Montgomerie M. D.
(Address) Willow Spgs

MARGIN RESERVED FOR BINDING

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.

V.S. No. 2

