

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.

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

Do not use this space.

39894

1. PLACE OF DEATH

County HowellTownship HowellCity Near Guil

(No. _____)

St. _____

Ward _____

Registration District No. 384Primary Registration District No. 5535

File No. _____

Registered No. _____

2. FULL NAME James Robert Barr

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 7 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 OFAlice Biddick6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1869

7. AGE

64

YEARS

MONTHS 3DAYS 12

IF LESS than 1

day, ... hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)Freeport, Ill.

FATHER

13. NAME Will H. Barr14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mciflin Co., Penn.

MOTHER

15. MAIDEN NAME

Jane Martin16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Penn.

17. INFORMANT

(ADDRESS) West Plains, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elk CreekDATE Dec. 11, 1933

19. UNDERTAKER

(ADDRESS) West Plains, Mo.20. FILED 12-9-1933 Vida H. Simons

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 193322. I HEREBY CERTIFY, That I attended deceased from
Dec. 6, 1933 to Dec. 8, 1933I last saw him alive on Dec. 8, 1933. Death is saidto have occurred on the date stated above, at 5:45 PM

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

Date of onset

10/10/33
John Barr

Other contributory causes of importance:

NoneName of operation None Date of _____What test confirmed diagnosis? Exam Was there an autopsy? No23. 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. Simons, M. D.(Address) West Plains, Mo.

