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.

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

Do not use this space.
39922

JAN 26 1934

1. PLACE OF DEATH
County: Jackson — Registration District No.: 398 — File No.:
Township: ~~Blue~~ — Primary Registration District No.: 3019 — Registered No.: 401
City: Independence (No. ..., ... St. ..... Ward)

2. FULL NAME: Benjamin Barr

(a) Residence, No. 131 E. Farmer 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Emma Barr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14 - 1857

7. AGE: Years 76 — Months 10 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common Labor
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): Missouri

FATHER
13. NAME: Wm. Barr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Martha Tadlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Emma Barr, 131 E. Farmer

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Woodlawn Cem. DATE: 12-22, 1933

19. UNDERTAKER (ADDRESS): Watkins Bros, 112 Lydia

20. FILED: Dec. 21, 1933 Dr. F. L. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Dec. 20, 1933
I last saw him alive on Dec 20, 1933. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
92 A	

Other contributory causes of importance:

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? ..... 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) D. E. Griffin, M. D.
(Address) 109 E. Maple