JAN 26 1934

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

Do not use this space.

40614

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No.
Township Canton — Primary Registration District No. 4286 — Registered No. 50
City Canton, Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Harry H. Barrett

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Jenny Sue Asbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23. 1855

7. AGE: YEARS 78 — MONTHS 0 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Editor
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): 3 years ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

FATHER
13. NAME: Jessie W. Barrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Elizabeth Hooven
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mr. Jesse Barrett — Son, St. Louis — Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove Canton Mo. DATE Dec. 16, 1933

19. UNDERTAKER (ADDRESS): F. D. Kelly, Canton Mo

20. FILED Dec. 15, 1933 H. W. Harris, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Dec. 13, 1933
I last saw him alive on Dec 13, 1933 Death is said to have occurred on the date stated above, at 10.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	2 yrs

Other contributory causes of importance:

132

Name of operation ..... Date of .....
What test confirmed diagnosis? lab. 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) S. J. Hillard
(Address) Canton Mo

MD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.