

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Wentworth Platteau Primary Registration District No. 5576
City St. Louis (No. _____) St. _____ Ward _____

File No. 5445
Registered No. 17

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 - 1870</u>		
7. AGE <u>63</u>	YEARS <u>8</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>		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) <u>Darby, Missouri</u>		
13. NAME <u>Leander Barley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Darby, Missouri</u>		
15. MAIDEN NAME <u>Cathryn Jennings</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wasson, Missouri</u>		
17. INFORMANT <u>Forest Barley</u> (ADDRESS) <u>Darby, Missouri</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Home Cem. Festus</u> DATE <u>Feb. 11, 1934</u>		
19. UNDERTAKER <u>Wm. T. Barhart</u> (ADDRESS) <u>Crystal City, Missouri</u>		
20. FILED <u>Feb. 9, 1934</u> <u>J. E. Rutledge</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1930, to Feb. 3, 1934

I last saw him alive on Feb. 3, 1934. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

apoplexy (that stroke 12-16-33)

Other contributory causes of importance:
arteriosclerosis
diabetes
hypertension + chronic interstitial nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) John F. Rutledge, M. D.
(Address) Crystal City, Mo.

Date of onset about 1928
Nov. 1930

