

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

Do not use this space.

9535

1. PLACE OF DEATH
 County Lawrence Registration District No. 468
 Township Bookprarie Primary Registration District No. 4281
 City Marionville (No. _____) St. _____ (Ward) _____

File No. _____
 Registered No. 10

2. FULL NAME Margarete Barton
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorenzo D. Barton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 27 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 2 23
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife
 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) Pennsilvania

13. NAME Jesse McFadden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn,

15. MAIDEN NAME Mary McFadden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mr. C.A. Barton
Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville Mo. DATE March 24 1934

19. UNDERTAKER King Funeral Home
 (ADDRESS) Aurora Mo.

20. FILED Apr. 1 1934 Laura O. Cannady
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1844 to March 22nd 1934
 I last saw her alive on March 20 1934 Death is said to have occurred on the date stated above, at 1.00 P.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 1932
877
97
 Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Angiogram 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) J. W. Tates _____ M. D.
 (Address) Marionville Mo.

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.

