

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.

Dr. Harlan

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

Do not use this space.

MAY 25 1934

11594

1. PLACE OF DEATH

102 County *Shelby*
2 Township *Clay*
3 City *Clarence* (No.)

Registration District No. *827*
Primary Registration District No. *4500*

File No.
Registered No. *6* St. Ward)

2. FULL NAME

Andy Thomas Barton

(a) Residence, No. St. Ward. (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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb-19-1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

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*

13. NAME *Daniel Barton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Sarah Mc Brown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *Grace Barton* (ADDRESS) *Clarence, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union* DATE *April-1-1934*

19. UNDERTAKER *E. H. Hopper* (ADDRESS) *Clarence, Mo.*

20. FILED *4-25 1934* *Roy Hamilton* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 31* 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from *1028*, 19....., to *MAY 21*, 19 *34*

I last saw him alive on *MAR 30*, 19 *34* Death is said to have occurred on the date stated above, at *5*.....m.

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

Conjunctive head failure Date of onset *1933*
137
933 | *137*
hypertrophied prostate *1925-*

Other contributory causes of importance: *hypertrophied prostate 1925-*

Name of operation *none* 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?

If so, specify (Signed) *D. L. Harlan* M. D. (Address) *Clarence Mo.*

