

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

Do not use this space.

MAY 25 1934

**1. PLACE OF DEATH**

County Gentry  
Township Howard  
City Howard (No.       )

Registration District No. 309  
Primary Registration District No. 6434

File No. 12499  
Registered No. 25  
St.        Ward       

**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>♂</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>      </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1918</u>		
7. AGE YEARS <u>15</u>	MONTHS <u>11</u>	DAYS <u>11</u>
		If LESS than 1 day, hrs. or min. <u>      </u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>      </u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>      </u>
	10. Date deceased last worked at this occupation (month and year) <u>      </u>
	11. Total time (years) spent in this occupation <u>      </u>

12. BIRTHPLACE (CITY OR TOWN) Gentry County (STATE OR COUNTRY) Mo

13. NAME John Barker

14. BIRTHPLACE (CITY OR TOWN) Worth Co. (STATE OR COUNTRY) Mo

15. MAIDEN NAME William Cottrell

16. BIRTHPLACE (CITY OR TOWN) Gentry Co. (STATE OR COUNTRY) Mo

17. INFORMANT J. P. Brown (ADDRESS) Denver, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home DATE April 22 34

19. UNDERTAKER Sam Mos (ADDRESS) Denver, Mo.

20. FILED Apr. 27 19 34 W. T. Martin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-17- 1934, to 4-21- 1934

I last saw him alive on 4-21- 1934 Death is said

to have occurred on the date stated above, at 19, m.

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

acute enteritis. Date of onset 4-13-34

1500 / 720

Other contributory causes of importance:

acute nephritis ? 4-15-34

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) Frank H. New, M. D.

(Address) Albany, Mo.

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.

REPRODUCE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

