

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.

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

Do not use this space.

OCT 5 8 1934

1. PLACE OF DEATH

County Shelby
Township Clinton
City Clinton (No. Ward)

Registration District No. 830
Primary Registration District No. 6095

File No. 27943
Registered No. 41 St. Ward)

2. FULL NAME

(a) Residence, No. Linton Mo. 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>John Spencer Barton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 1894</u>		
7. AGE <u>40</u>	YEARS <u>3</u>	MONTHS <u>18</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Shelby Co Mo</u>

13. NAME <u>Henry Kidwell</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>

15. MAIDEN NAME <u>Nancy Mullins</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>

17. INFORMANT (ADDRESS) <u>Eva Barton Linton Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Ridge DATE July 5 1934

19. UNDERTAKER (ADDRESS) <u>E Hayes Shelbina Mo.</u>

20. FILED <u>Sept 26, 1934</u> <u>Wm R. H. Wailes</u>

Regist.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-2- 1930, to 7-1- 1934

I last saw her alive on 7-1-34, 19.... Death is said

to have occurred on the date stated above, at 29 m.

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

Cardio-Vascular Disease Date of onset

95

162 95 to 2

Other contributory causes of importance:

Sensibility

Name of operation clinical Date of no

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

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) A. M. Wood M. D.

(Address) Shelbina Mo.

