

SEP 19 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31596

1. PLACE OF DEATH

County SyllieRegistration District No. 799Township SlaterPrimary Registration District No. 4479City Slater (No. 4)St. Mo.Ward 332. FULL NAME Bryan Franklin Barron(a) Residence, No. 4St. Mo.Ward 33

(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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Verna Barron6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18-1888

7. AGE

YEARS 52MONTHS 11DAYS 16

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Engineer10. Date deceased last worked at this occupation (month and year) August 18-193411. Total time (years) spent in this occupation 712. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland, Mo.

FATHER

13. NAME Daniel K. Barron14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisa, Mo.

MOTHER

15. MAIDEN NAME Fannie E. Maxwell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Mo.17. INFORMANT (ADDRESS) Mrs. F. Barron

18. BURIAL, CREMATION, OR REMOVAL

PLACE Slater City CemeteryDATE 8-16-3419. UNDERTAKER (ADDRESS) Wm. H. Salzer20. FILED Aug 15, 1934Registrar W. M. Little

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 193422. I HEREBY CERTIFY, That I attended deceased from Dec, 1918, to Aug, 1934I last saw him alive on Aug 14-15-34 Death is saidto have occurred on the date stated above, at 8:30 p.m.

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

Angina PectorisWith Coronary Occlusion94B94BOther contributory causes of importance: Double PneumoniaFollowing influenza in 1918Name of operation none Date of Aug 14, 1934What test confirmed diagnosis? Electrocardiograph23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Aug 14, 1934Where did injury occur? Slater, Mo.

(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? NoIf so, specify —(Signed) M. C. Duffins

, M. D.

(Address) Slater, 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.

WHILE EXAMINING, WITH EMPLOYING AGENCY, THIS IS A PERMANENT RECORD

