

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

Do not use this space.

31633

1. PLACE OF DEATH

County Shannon

Registration District No. 823

File No. _____

Township Winona

Primary Registration District No. 6074

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Low Wessie Ma St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 5 mos. 10 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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Flossie Birlew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 22, 1901

7. AGE

34 YEARS

33 MONTHS

5 DAYS

21 (21)

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Farmer

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 above

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shannon Co Mo

MOTHER FATHER

13. NAME

Robert Birlew

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

Shannon Co Mo

15. MAIDEN NAME

Margaret Bond

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

Shannon Co Mo

17. INFORMANT (ADDRESS)

Robert Birlew Winona Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Zion

DATE Aug 14, 1934

19. UNDERTAKER (ADDRESS)

Wright's

20. FILED

9-5-34 Mabel Reels

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

Aug 13, 1934

22. I HEREBY CERTIFY, That _____ attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

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

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

Thrown from Truck
Neck broken

Date of onset

Other contributory causes of importance: 210

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 13, 1934

Where did injury occur? Winona Co Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Thrown from truck

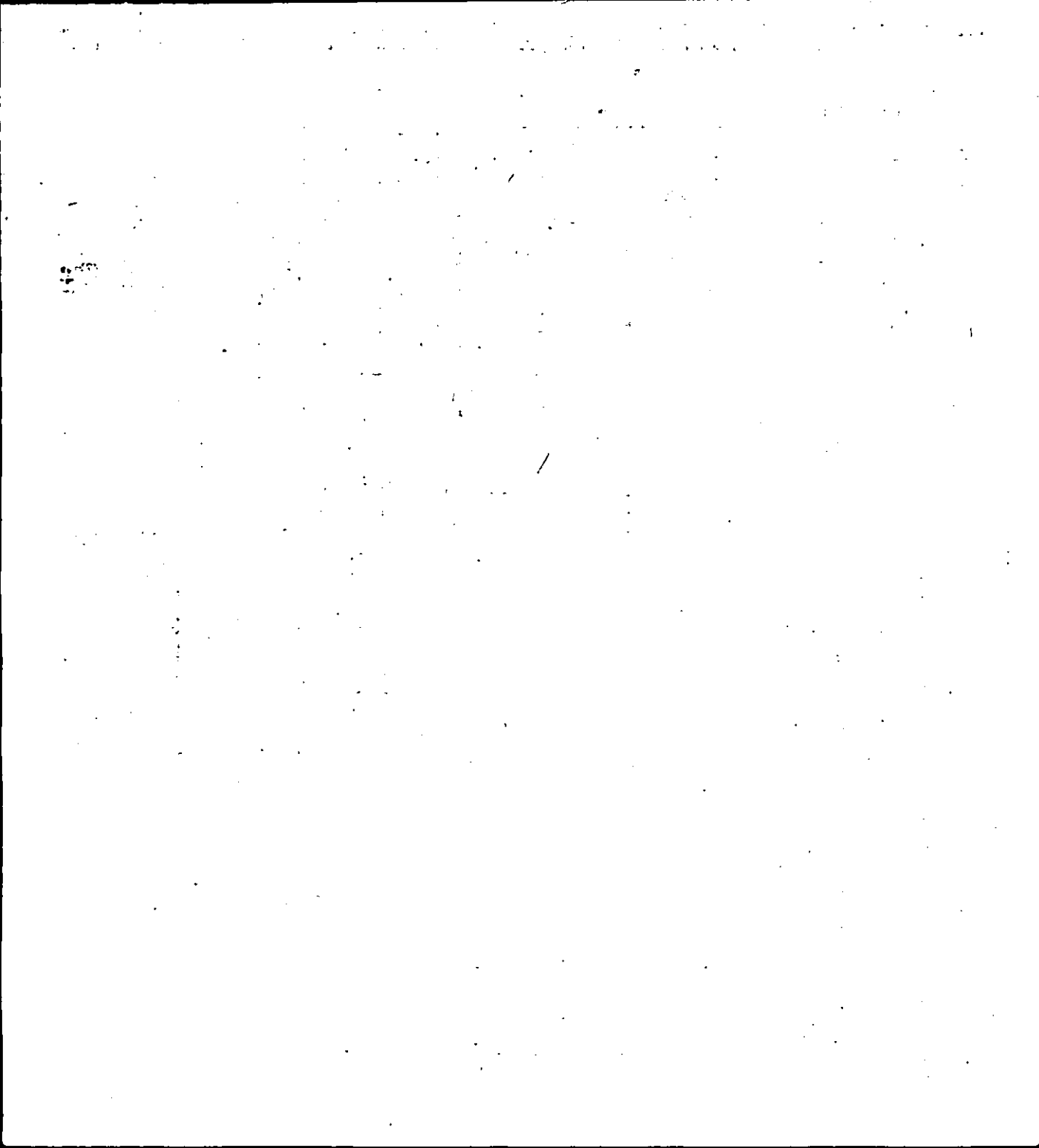
Nature of injury neck broken

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. J. Foster

(Address) Emmence Mo



J. Shannon

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Quentin A. Barlow
 Who died at _____ on Aug 13 - 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 33 Months 5 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Thrown from truck - neck broken
 Date deceased last worked at this occupation: Month _____ Year _____
 Birthplace (State or country) _____
 Birthplace of father (State or country) _____
 Birthplace of mother (State or country) _____
 Principal cause of death: Accidental injury - truck leaving road, striking
tree -

Other contributory causes of importance 2/0
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 Name of physician _____
 Address of physician _____

☒ Signature of Registrar Mabel Bellin

Date filed Dec 19, 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 823

Primary Reg. Dist. No. 6074

E. T. McGaugh

State Registrar
Special Agent.

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