WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

OCT 9 1934

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

Do not use this space.

File No. 32314

Registered No. 268

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH

County: Cole

Township:

City: Jefferson City (No. ..... St. ..... Ward)

2. FULL NAME: Milton Barton 24729

(a) Residence, No. Mo. State Prison St., ... Ward.
(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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 16, 1900

7. AGE: Years 34 Months 1 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: ✓

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

MOTHER

15. MAIDEN NAME:

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

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL: PLACE Moberly DATE Sep 9/21 3 ,19

19. UNDERTAKER (ADDRESS): Dawson Funeral Jefferson City, Mo.

20. FILED Sep 20, 1934 Dr. B. Lund Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1934 to Sept. 16, 1934

I last saw him alive on September 16, 1934. Death is said to have occurred on the date stated above, at 5:52 P.M.

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

	Date of onset
Paralytic Ileus	
117 A	
122 B	
118 B	

Other contributory causes of importance: Peptic ulcer

Name of operation: Gastro entrostomy Date of 9-14-34

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? ..... 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) W. W. Raybo M. D.

(Address) Jefferson City, Mo.