

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

Do not use this space.

NOV 13 1934

1. PLACE OF DEATH

County Andrain
Township Salt River
City Mexico (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. 35131
Registered No. 151
St. _____ Ward _____

2. FULL NAME

EDGAR Barrett

(a) Residence, No. Railroad St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-1897
7. AGE YEARS 37 MONTHS 7 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day Labor
10. Date deceased last worked at this occupation (month and year) 10/27/34 11. Total time (years) spent in this occupation _____

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

13. NAME John Barrett

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

15. MAIDEN NAME Sallie Smith

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

17. INFORMANT Mrs. Leatha Lurell
(ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Mo DATE 11/4/34

19. UNDERTAKER A. R. Burdette Jr
(ADDRESS) Mexico Mo

20. FILED 10/31-1934 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 19 34

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

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

to have occurred on the date stated above, at 10 p.m.

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

Coroner's Case Jury's Verdict
Internal hemorrhage the re-
sult of a bullet wound in the
left side four inches below and
one inch to the left of the left
nipple penetrating the stomach
and liver, said wound was inflicted
by one Jennie Barrett with a
self defense. Date of onset 32

173
10353
113

Name of operation _____ 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? No

If so, specify _____

(Signed) W. H. McCall Andrain Mo
(Address) Ladonia 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.

