

NOV 13 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 1519 Campbell)

Registration District No. 399  
Primary Registration District No. 1002

File No. 35936  
Registered No. 920  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME A. T. Barton

(a) Residence, No. 1519 Campbell 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27-1856  
7. AGE YEARS 78 MONTHS 1 DAYS 4 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barton Seaming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Sewing Co.  
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) Bloomfield, Iowa13. NAME Ross Barton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Nahelia Hicks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dartmouth17. INFORMANT Darryl G. Barton  
(ADDRESS) 1521 1/2 Campbell18. BURIAL, CREMATION, OR REMOVAL  
PLACE Forest Hill DATE Oct. 3 193419. UNDERTAKER H. V. Lindsay & Sons  
(ADDRESS) 3811 Broadway20. FILED 10/2 1934 M. M. Cronin  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 - 193422. I HEREBY CERTIFY, That I attended deceased from March 4, 1934, to Oct 1, 1934I last saw him alive on Oct 1, 1934 Death is saidto have occurred on the date stated above, at T.P. m.

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

Hemorrhage from throat Date of onset Oct 1 1934W. 1000 45Other contributory causes of importance: Cerebral thrombosis Feb 1934

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Hermon E. Miller M.D.(Address) 307 Eastrop Bldg.

Dr. Mella will  
stop by here & sign  
Tuesday!