

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

Do not use this space.

116

1. PLACE OF DEATH

County Bates

Registration District No. 50

Township Barton

Primary Registration District No. 3004

City Barton

(No. Barton Memorial Hospital)

File No. _____

Registered No. 5

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13, 1931

7. AGE YEARS 3 MONTHS 11 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Bates Co (STATE OR COUNTRY) Missouri

13. NAME Paul Baird

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

15. MAIDEN NAME Dora E. Hart

16. BIRTHPLACE (CITY OR TOWN) Bates Co (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Paul Baird Barton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Jan 28

19. UNDERTAKER (ADDRESS) Culver Barton, Mo

20. FILED Jan 26 1935 Winn & Culver

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1935

I HEREBY CERTIFY That I attended deceased from Jan 1st to Jan 26th

I last saw him alive on Jan 26 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Date of onset _____

Other contributory causes of importance: not

Name of operation let 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? _____ 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 no

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. J. Lefner, M. D.

(Address) Barton, Mo

