

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.

FEB 22 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

755

## 1. PLACE OF DEATH

County Dent  
 Township Gladden  
 City Gladden (No. 997)

Registration District No. 997  
 Primary Registration District No. 6238

File No. 1  
 Registered No. 1 St. 1 Ward 1

## 2. FULL NAME

(a) Residence, No. Glady's Marie Barton St. 1 Ward 1  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female 4. COLOR OR RACE white 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) Aug 10 - 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 5 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care of Home  
 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) Reynolds Co Mo

13. NAME Sidney Barton

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

15. MAIDEN NAME Bene Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

17. INFORMANT C. H. Jones (ADDRESS) Gladden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Joshua DATE 1/12 1935

19. UNDERTAKER H. D. Holton (ADDRESS) Salem Mo

20. FILED Feb 10 1935 F. M. Jordan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1935

22. I HEREBY CERTIFY, that I attended deceased from June 9 1932, to Dec 28 1934  
 last saw him alive on Dec 28 1934 Death is said to have occurred on the date stated above, at 10 A m.

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

Pneumonia  
Bronchial  
Influenza  
Jan 1 - 28

Other contributory causes of importance:

Name of operation no Date of no  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 1935

Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none  
 If so, specify no

(Signed) O. G. Dillion M. D.  
 (Address) Salem Mo

