

240 West Commercial

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

Do not use this space.

5004

MAR 4 1935

1. PLACE OF DEATH *Greene* Registration District No. *318*
 County *Greene* Township *Campbell* Primary Registration District No. *2001*
 City *Springfield* (No. *2800 N Blvd*) St. *Ward*

2. FULL NAME *Mabel Odessa Barton*
 (a) Residence, No. *2800 No Blvd* St. *Ward* (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 <i>Female</i>	4. COLOR OR RACE <i>Colord</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>James Barton</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 22 1900</i>		
7. AGE	YEARS	MONTHS
	<i>34</i>	<i>6</i>
		DAYS
		<i>17</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Springfield</i>		
13. NAME <i>James Motley</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ark</i>		
15. MAIDEN NAME <i>Cora Vaughan</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>mo</i>		
17. INFORMANT (ADDRESS) <i>Cora Motley Springfield</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>So Hazelwood</i> DATE <i>2/13 1935</i>		
19. UNDERTAKER (ADDRESS) <i>W. B. Campbell 869 Washington Ave</i>		
20. FILED <i>2/13 1935</i> <i>Ralph H. Barton</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/9* 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *2/9* 19 *35* to *2/9* 19 *35*
 I last saw him *92* alive on *2/9* 19 *35* Death is said to have occurred on the date stated above, at *9* p.m.
 The principal cause of death and related causes of importance were as follows:
T. B. of Intestine
J. J.
 Other contributory causes of importance: *Secondary Cancer*

Name of operation: *None* Date of: _____
 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? _____ 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. M. J. J. J.*, M. D.
 (Address) *Springfield Mo*

WRITE 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.

