

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6476

1. PLACE OF DEATH

County Linn
 Township Linn
 City Linn

Registration District No. 716
 Primary Registration District No. 5945

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 23 1922</u>		
7. AGE	YEARS	MONTHS
<u>17</u>	<u>1</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unknown</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 1935</u>		
11. Total time (years) spent in this occupation <u>nil</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shreveport, Louisiana</u>		
13. NAME <u>William David Barlow</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Mary E. Wilhelm</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>William D. Barlow, Shreveport, La.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Linn Cemetery</u> DATE <u>Feb 5 1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Galt, Linn, Mo.</u>		
20. FILED <u>Feb 5 1935</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 193522. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to Feb 4 1935I last saw him alive on Feb 4 1935 Death is saidto have occurred on the date stated above, at 7:55 P.M.

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

Uremic Endotoxemia
Chorea
 Date of onset 11/29/35

Other contributory causes of importance:

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) W. J. Bell M. D.(Address) Linn, Mo.

Registrar.

