

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.

APR 24 1935

9941

1. PLACE OF DEATH

County Montgomery
Township Willsville
City Willsville (No.)

Registration District No. 595
Primary Registration District No. 4353

File No. 4
Registered No. 795
St. 7 Ward

2. FULL NAME

Thomas Munce Barre

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) July 20-1860
7. AGE YEARS 74 MONTHS 8 DAYS - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Washington Co
(STATE OR COUNTRY) Ind.

13. NAME William Barre

14. BIRTHPLACE (CITY OR TOWN) Barre
(STATE OR COUNTRY)

15. MAIDEN NAME Martha Munce

16. BIRTHPLACE (CITY OR TOWN) Washington, Co
(STATE OR COUNTRY) Ind.

17. INFORMANT: Paul E. Barre
(ADDRESS) Willsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton City, Mo. DATE Mar 23 1935

19. UNDERTAKER F. W. Kuhse
(ADDRESS) Willsville, Mo.

20. FILED March 22 1935 Thos. Mike McDermott
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 6 1935 to Mar 20 1935
I last saw him alive on Mar 20 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Capping of Stomach Date of onset 16

Other contributory causes of importance: 4

Name of operation Prostatectomy Date of Mar 20 1935
What test confirmed diagnosis? Prostatectomy Was there an autopsy? Yes

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? No

If so, specify (Signed) J. B. Barre, M. D.
(Address) Willsville

