

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

Do not use this space.

13612

MAY 31 1935

1. PLACE OF DEATH

County Miller
Township Osage
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 6
Primary Registration District No. 5760

File No. _____
Registered No. _____

2. FULL NAME

June Barton
(a) Residence, No. 3 Suscumbia mo P.R. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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) June 18, 1932

7. AGE YEARS 2 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Juncumbia P.R. (STATE OR COUNTRY) Miller Co. Mo.

13. NAME James Barton

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

15. MAIDEN NAME Dora Ahart

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

17. INFORMANT (ADDRESS) Oliver Ramsey
Juncumbia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coffin DATE 4-11 1935

19. UNDERTAKER (ADDRESS) Miller Co.

20. FILED 4-11 1935 John B. Schrederman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935, to April 10 1935.
I last saw her alive on April 10 1935. Death is said to have occurred on the date stated above, at 12:25 p.m.

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

Encephalitis Lethargica? Date of onset April 5

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? No
If so, specify _____
(Signed) L. M. Garner, M. D.

(Address) Juncumbia, Mo.

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.

