

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.

APR 19 1935

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

Do not use this space.

19239

1. PLACE OF DEATH

2.4 County Clay Registration District No. 200  
Township Kearney Primary Registration District No. H120  
City Kearney (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 8

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Henry L. Barr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Barr  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1866  
7. AGE YEARS 68 MONTHS 0 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) Ga  
13. NAME Isaac Barr  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
15. MAIDEN NAME Mahala Strickland  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
17. INFORMANT (ADDRESS) Mrs. H. L. Barr Kearney Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers Cemetery DATE June 17 1935  
19. UNDERTAKER (ADDRESS) C. W. Epler Kearney Mo  
20. FILED 6/17 1935 Thos. L. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1935  
22. I HEREBY CERTIFY that I attended deceased from May 19 1935 to June 16 1935  
I last saw him alive on June 15 1935. Death is said to have occurred on the date stated above, at 4 A. m.

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

Myocarditis with Cerebral Sclerosis

Date of onset \_\_\_\_\_

Other contributory causes of importance:

ASA

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) J. W. Epler M. D.  
(Address) Kearney Mo.

