

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.

1 JUL 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Lentz
Township Lower
City St. Louis (No. 10)

Registration District No. 309
Primary Registration District No. 5434

File No. 19420
Registered No. 26
St. 10 Ward 10

2. FULL NAME

(a) Residence, No. James L. Barber St. 10 Ward 10
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Barber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3, 1881</u>		
7. AGE <u>53</u> YEARS	<u>8</u> MONTHS	<u>17</u> DAYS
		If LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1935</u>	
	11. Total time (years) spent in this occupation <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lentz County, Mo.</u>		
MOTHER	13. NAME <u>Andrew Barber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Mahala Brunfield</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>J. P. Brown</u> (ADDRESS) <u>Denver, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miller</u> DATE <u>6-22-35</u>		
19. UNDERTAKER <u>Brown Bros</u> (ADDRESS) <u>Denver, Mo.</u>		
20. FILED <u>June 25 1935</u> <u>W. F. Martin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 20, 1935 to June 20, 1935
I last saw him alive on June 20, 1935 Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:
Supposedly heart disease
angina pectoris
Other contributory causes of importance:
from history

Name of operation None Date of None
What test confirmed diagnosis None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1935
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Levy H. Loney, M. D.
(Address) Denver, Mo.

