

SEP 25 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23328

1. PLACE OF DEATH

County Jackson
Township Ham
City McClellan (No. 1001)

Registration District No. 399
Primary Registration District No. 1001
Research Hospital

File No. _____
Registered No. 2024
St. _____ Ward _____

2. FULL NAME

Vera Alberta Barton
(a) Residence, No. North McClellan Route 5 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>Female</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>X</u> <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 29, 1920</u>		
7. AGE	YEARS <u>15</u>	MONTHS <u>5</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>A. F. Barton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deland, Ill</u>	
MOTHER	15. MAIDEN NAME <u>Dorothy Richards</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla, Mo</u>	
17. INFORMANT (ADDRESS) <u>A. F. Barton North McClellan Route 5</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rolla Mo</u> DATE <u>Aug 2</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Morton Funeral Home North McClellan Mo</u>		
20. FILED <u>8-2</u> 19 <u>35</u> <u>M. M. Corone</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935 to July 31, 1935
I last saw him alive on July 31, 1935 Death is said to have occurred on the day stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
General Peritonitis 7/30/35
Refluxed appendix 7/29/35
Date of onset 7/30/35

Other contributory causes of importance:
Refluxed appendix

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) H. S. Kew M. D.
(Address) Rolla, 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.

