

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.

AUG 9 A 1935

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

1387 Do not use this space.

23440

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 2002 Registered No. _____
 City Gasper (No. 626 Commercial) St. _____ Ward _____

2. FULL NAME

Fred Barber

(a) Residence, No. 626 Commercial St. _____ Ward _____ (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>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>Daisy Barber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29, 1869</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>10</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</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>Gasper MO</u>		
13. NAME <u>Henry Barber</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Clara W. Lee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>Daisy Barber</u> (ADDRESS) <u>Gasper Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Parkway Cem</u> DATE <u>Jul 29 35</u>		
19. UNDERTAKER <u>W. E. Craig</u> (ADDRESS) <u>Gasper Mo</u>		
20. FILED <u>7-29-35</u> <u>Ed D. James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 26, 35

22. I HEREBY CERTIFY That I attended deceased from July 26, 1935 to July 26, 1935.
 I last saw him alive on July 26, 1935. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Other contributory causes of importance:
apoplexy

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) W. E. Craig M. D.
 (Address) Gasper Mo

