

OCT 22 1935

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

Do not use this space.

29149

1. PLACE OF DEATH

County Franklin Registration District No. 283
Township Buffalo Primary Registration District No. 5402
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

John Franklin Barrow
(a) Residence, No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ellen Barrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Mar 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Tenn

13. NAME John Barrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Tabathie Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT James Barrow Rt 1
(ADDRESS) Cardwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell DATE Sept 20 35

19. UNDERTAKER Mitchell-Anderson
(ADDRESS) Cardwell

20. FILED 10-15 1935 G. W. Swanson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 35

22. I HEREBY CERTIFY That I attended deceased from June 35 to Sept 19 35

I last saw him alive on Sept 15 35 Death is said to have occurred on the date stated above, at 6 P. m.

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

Cancer of Stomach Date of onset 3 years

Other contributory causes Secondary Anemia

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) Elmer French, M. D.

(Address) Cardwell

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

