JAN 6 1936

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

Do not use this space.

39432

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township ~~Blank~~ — Primary Registration District No. 3019 — Registered No. 381
City Independence (No. 200 W. South Side Blvd., St. Ward)

2. FULL NAME Charles S. Barmore
(a) Residence, No. 200 West South Side Blvd., 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 (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1859
7. AGE: YEARS 76 — MONTHS 7 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Entertainer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Circus
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): Louisville Kentucky

FATHER
13. NAME: James D. Barmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wood Hull New York

MOTHER
15. MAIDEN NAME: Elizabeth McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charlestown Indiana

17. INFORMANT (ADDRESS): Hosea Burke 1227 S. Liberty, Indep. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mound Grove Cem. DATE: Dec 13, 1935
19. UNDERTAKER (ADDRESS): George E. Carson 101 N. Pleasant Indep. Mo
20. FILED 12-14-, 1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1935, to Dec 11, 1935
I last saw him alive on Dec 8, 1935. Death is said to have occurred on the date stated above, at 6 P.m. Dec 11.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1935 Nov. 6

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury, 19
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Green, M. D.
(Address) Independence, 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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD