

MAR 23 1936

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

Do not use this space.

6820

## 1. PLACE OF DEATH

County MarionRegistration District No. 547

File No. ....

Township MarionPrimary Registration District No. 3029Registered No. 74City Hannibal(No. 330 Cypress)St. 4 Ward2. FULL NAME Robert R. Barbee(a) Residence, No. 330 Cypress St. 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marguerite6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18 18807. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 4 5OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Eng. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. B. & G. R. R. 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) KentuckyFATHER 13. NAME Joseph Barbee14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Laura McIntyre16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. R. B. Barbee  
(ADDRESS) 330 Cypress St. Hannibal, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE St. O'Connell Cem DATE 2/26/2619. UNDERTAKER James O'Donnell  
(ADDRESS) Hannibal Mo20. FILED Feb 26 1936 R. H. Schuster  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 193622. I HEREBY CERTIFY, That I attended deceased from 2-17-1936 to 2-23-1936I last saw him alive on 2-23-1936 Death is saidto have occurred on the date stated above, at 7:10 P.M.

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

Curculionia

Date of onset

2-12-36

Other contributory causes of importance:

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) R. P. Birney M. D.(Address) Hannibal 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.

