

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

Do not use this space.

8863

1. PLACE OF DEATH

County Shelby
Township Black Creek
City Shelbyville (No. Ward)

Registration District No. 831
Primary Registration District No. 690-36092

File No.
Registered No.

2. FULL NAME

Morgan Harvey Barton
(a) Residence, No. County Infirmary Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20, 1862

7. AGE YEARS 73 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Shelby Co. Mo.

FATHER 13. NAME Morgan P. Barton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

MOTHER 15. MAIDEN NAME Elizabeth A. Mc Brown

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

17. INFORMANT (ADDRESS) Free Barton, Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bacon Chapel DATE Feb 6, 1936

19. UNDERTAKER (ADDRESS) E. P. Thompson, Shelbyville, Mo.

20. FILED Feb 6, 1936 Pearl Goe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1936

22. I HEREBY CERTIFY, (That I attended deceased from Feb 4, 1936 to Feb 5, 1936)

I last saw him alive on Feb 4, 1936 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Cerebral hemorrhage (apoplexy) Date of onset Jan 4, 1936
Arteriosclerosis

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

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. J. Lee, Jr., M. D.

(Address) Shelbyville, Mo.

