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.

MAR 26 1936

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

Do not use this space.

9034

1. PLACE OF DEATH: County Webster; Township West Dallas; City Rogersville, R.F.D. 3 (No. ..... St. ..... Ward)

Registration District No. 901
Primary Registration District No. 6210

File No. .....
Registered No. 6

2. FULL NAME Vaine Barton

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. X mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS 78; MONTHS Unknown; DAYS ..... If LESS than 1 day, X hrs. or X min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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): Webster Co Mo

FATHER
13. NAME: ? Silvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wm L. Barton

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Pleasant Grove DATE Feb. 2 1936

19. UNDERTAKER (ADDRESS): Rex Rainey Marshfield Mo

20. FILED Feb 11 1936 Nellie Atkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935, to Feb 1, 1936
I last saw her alive on June 28, 1936 Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Chronic Bright Disease 181

Other contributory causes of importance: Senility

Date of onset

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) J. R. Bruce M. D.
(Address) Marshfield Mo

Editio