APR 16 1936

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

Do not use this space.

9758

1. PLACE OF DEATH

County Clark — Registration District No. 190 — File No. 9758

Township Madison — Primary Registration District No. 5269 — Registered No. 20

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joseph Barth

(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 M.

4. COLOR OR RACE W.

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) July 26, 1859

7. AGE — YEARS 76 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Joseph Barth

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

MOTHER

15. MAIDEN NAME Katherine Smith

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

17. INFORMANT (ADDRESS) Peter Barth Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kahoka Cem DATE March 14, 1936

19. UNDERTAKER (ADDRESS) Fred Starle Kahoka Mo.

20. FILED 3/14 1936 J R Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to March 12, 1936

I last saw him alive on March 11, 1936. Death is said to have occurred on the date stated above, at 1.50 P. M.

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

Chr. Myocarditis — Date of onset 3 yrs

Interstitial Nephritis chronic

Other contributory causes of importance:

Senility

131

Name of operation ..... 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? .....

If so, specify .....

(Signed) M. L. Hobbs M.D., M. D.

(Address) Kahoka, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.