

MAY 19 1936

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

Do not use this space.

14454

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township Edwards Springs

Primary Registration District No. 4095

City Edwards Springs (No.)

File No.

Registered No. 20

St. Ward

2. FULL NAME

Martin Adelbert Barrett

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Maudie Barrett

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

Sept 3-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

74

7

11

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.

Retired

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)

Depeu Ill.

FATHER

13. NAME

Theodore A. Barrett

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

N.Y. state.

MOTHER

15. MAIDEN NAME

Cordelia Young

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

Depeu Ill.

17. INFORMANT (ADDRESS)

Owen Barrett
F.R. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Martin's Cem. DATE Apr 15 1936

19. UNDERTAKER (ADDRESS)

Napier General Home
Edwards Springs, Mo.

20. FILED

4-14-1936 J.W. Dawson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1936, to Apr 14 1936

I last saw him alive on Apr 14 1936. Death is said to have occurred on the date stated above, at 12 m.

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

Chronic Myocarditis

Date of onset

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) M.D. Boyer M. D.

(Address) Edwards Springs

