

704V 22 1936

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

Do not use this space.

15871

1. PLACE OF DEATH

County Lewis
Township Canton
City Canton, Mo (No. St. Ward)

Registration District No. 477
Primary Registration District No. 4286

File No.
Registered No. 30

2. FULL NAME

Henry Wellington Barth

(a) Residence, No. 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.

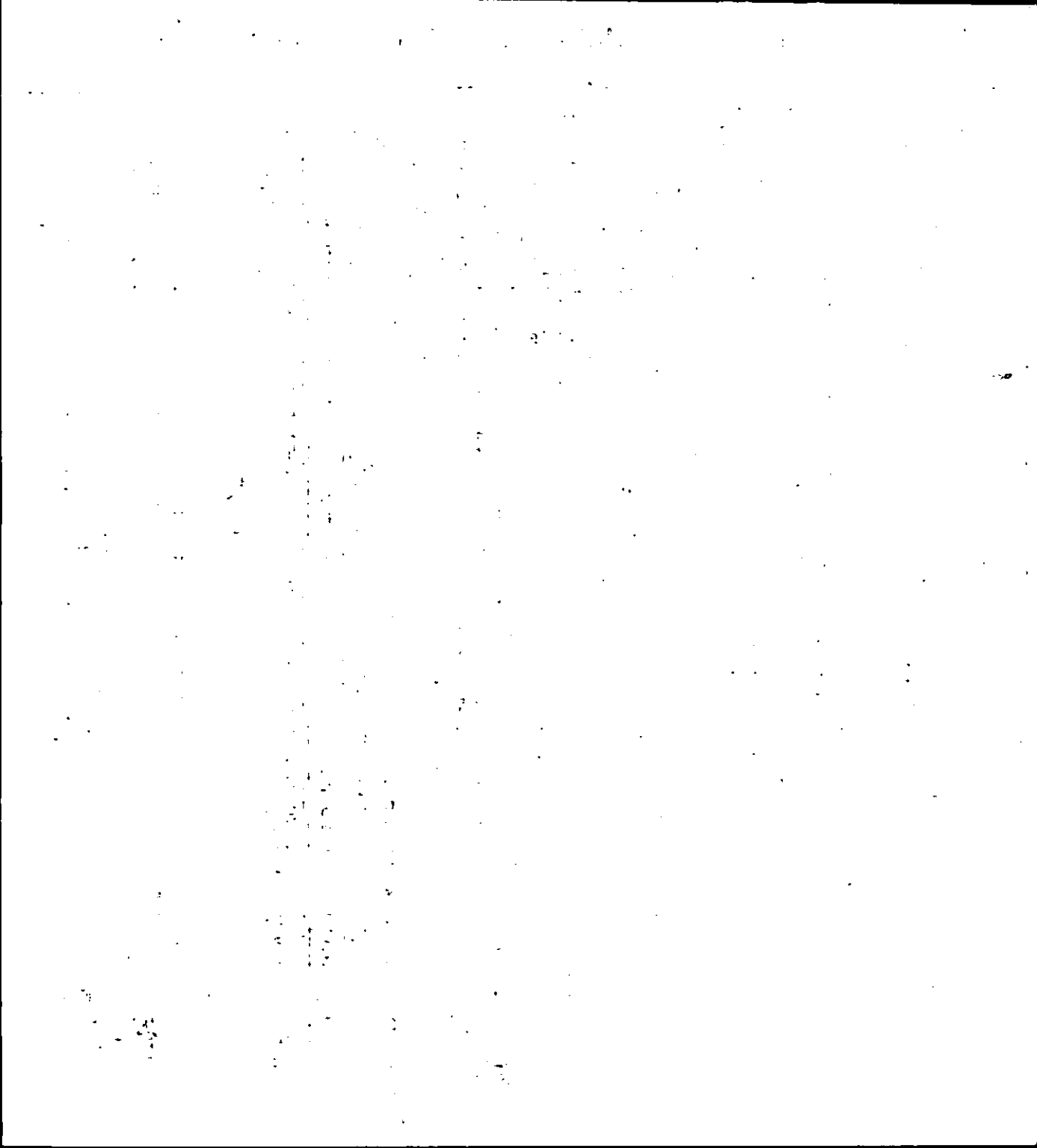
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21-1889</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>3</u>
	DAYS <u>27</u>	IF LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	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) <u>April 19-1936</u>	
		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canton, Mo</u>		
FATHER	13. NAME <u>Henry S. Barth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Weiss</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans</u>	
17. INFORMANT (ADDRESS) <u>Lawrence Barth Brother</u> <u>Canton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Forest Home Canton, Mo</u> DATE <u>Apr. 20, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>F. D. Kelly - Canton, Mo</u>		
20. FILED <u>4-20-36</u> <u>H. W. Harris</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 18, 1936</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 18, 1936</u> , to <u>Apr 18, 1936</u> . I last saw him alive on <u>Apr 18, 1936</u> . Death is said to have occurred on the date stated above, at <u>6:40 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Streptococcus infection</u> <u>of throat</u> Date of onset <u>4/17/36</u>	
Other contributory causes of importance <u>14th</u>	
Name of operation <u>Stomach</u> Date of <u>no</u> What test confirmed diagnosis? <u>Stomach</u> Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify <u>no</u> (Signed) <u>H. W. Harris</u> , M. D. (Address) <u>Canton, Mo</u>	

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.



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1. PLACE OF DEATH

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Registration District No. 477

File No.

Township

Primary Registration District No. 4286

Registered No. 30

City Canton mo (No.)

St. Ward)

2. FULL NAME

Henry Wellington 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)

S

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

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

7. AGE

YEARS

MONTHS

DAYS

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

46

3

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

June 11, 1936 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Streptococcus Infection
of foot

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.....

Where did injury occur? Canton Missouri

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Industry - work on street

Manner of injury Rock fell on foot

Nature of injury Crushed foot

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) H. W. Harris

, M. D.

(Address) Canton mo

21551.5