

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

Do not use this space.

**MAY 27 1936**

16707

**1. PLACE OF DEATH**

County St. Louis Registration District No. 333  
 Township St. Germain Primary Registration District No. 4468  
 City Kimbark (No. Town Scudder Monroe) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Peter Barney  
 (a) Residence, No. Scudder and Monroe 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. 30 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>Ferro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Delicia Barney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/12/1882</u>		
7. AGE	YEARS	MONTHS
<u>54</u>	<u>6</u>	<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		11. Total time (years) spent in this occupation
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)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1936  
 22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, April - 11, 1936  
 I last saw him alive on April 11, 1936 Death is said to have occurred on the date stated above, at 2 a. m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset \_\_\_\_\_

Otoman Poisoning (accompanied Sardinia)  
 Other contributory causes of importance: X

Dehydration; Toxemia; cardiac failure.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test conducted? NO Findings \_\_\_\_\_ Was there an autopsy? NO  
 23. If death was due to external causes (accident, fall, etc.), 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 the heaviest 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) Jas. H. Payne, M. D.  
 (Address) St. Louis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirkwood MO</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Priscilla Barney</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>
	17. INFORMANT (ADDRESS) <u>Delicia Barney Scudder and Monroe St. Kimbark</u>
	18. BURIAL, CREMATION, OR REMOVAL <u>Greenwood</u> DATE <u>4-19</u> , 19 <u>36</u>
	19. UNDERTAKER (ADDRESS) <u>Boyd Bro Fun Home 2141 West Kimbark Mo</u>
	20. FILED <u>4/17</u> , 19 <u>36</u> <u>W. A. Zeitch</u> Registrar. <u>Perle Smith</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.

History:

Bought some sardines in lunch room  
Stoddard and Gamble str.,  
across from school, Gastric distention,  
lying in middle of floor with pain,  
and vomiting when doctor Rainey arrived.  
Was cared for by doctor for two days,  
continued vomiting, which caused dehydration  
and toxemia, which caused cardiac failure.