

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.

*Pr Myers*

JUL 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County *Gasper* Registration District No. *411*  
Township *Halsuda* Primary Registration District No. *2007*  
City *Joplin* (No. *127 Sergeant*)

File No. *23281*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Ethelbert Barrett*

(a) Residence, No. *127 Sergeant ave* Ward. \_\_\_\_\_  
(Unusual 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) *married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 15 - 1870*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*65 9 7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hidell Mfg. Co.*  
10. Date deceased last worked at this occupation (month and year) *3-7-36* 11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Harrisonville Mo*

MOTHER 13. NAME *S. W. Barrett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Harrisonville Mo*

15. MAIDEN NAME *Sarah Ann Kelly*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Harrisonville Mo*

17. INFORMANT (ADDRESS) *Mr. Catherine Barrett 127 Sergeant ave*

18. BURIAL PLACE (ADDRESS) *St. Joseph's Church Joplin Mo*

19. UNDERTAKER (ADDRESS) *The Joplin Undertaking Co. Joplin Mo*

20. FILED *6-25-36* *E. D. James* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 22 1936*  
22. I HEREBY CERTIFY That I attended deceased from *Sept 14 1939* to *June 22 1936*  
I last saw him alive on *June 22 1936* Death is said to have occurred on the date stated above, at *11:30 P. M.*  
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart  
Other contributory causes of importance  
*AAA*

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) *Joy E. Myers M.D.*  
(Address) *778 Spruce St Joplin Mo*

