

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 14 1936

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

Do not use this space.

24290

1. PLACE OF DEATH

County.....  
Township.....  
City *St. Louis mo.* (No. *City Superior*)

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **5904** St. .... Ward)

2. FULL NAME *Paul Barton*

(a) Residence, No. *5870 Arsenal* St. *13* 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) *Divorced*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 23, 1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*1864 71 9 12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *R.R.*

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) *Fayette Missouri*

13. NAME *Levy Barton*

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

15. MAIDEN NAME *Malinda Dove*

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

17. INFORMANT *C. Smith* (ADDRESS) *5870 Arsenal St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery June 9 '36*

19. UNDERTAKER *J. Ryan* (ADDRESS) *City Superior*

20. FILED JUN 8 1936 *J. B. Braddock* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 5, 1936*

22. I HEREBY CERTIFY That I attended deceased from *January 1, 1936*, to *June 2, 1936*  
I last saw him alive on *June 5, 1936* Death is said

to have occurred on the date stated above, at *5:15 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Arteriosclerotic heart disease with coronary fibillation*

Other contributory causes of importance: *95%*

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 *C. Smith*, M. D.  
(Signed) *C. Smith*  
(Address) *5200 Arsenal St. St. Louis Mo.*

