

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

Do not use this space

SEP 9 1936

26227

1. PLACE OF DEATH

County Green County

Registration District No. 318

Township

Primary Registration District No. 3001

City Springfield, Mo.

(No. Burge Hospital)

File No.

Registered No. 577

St. Ward

2. FULL NAME

Sherman Barrett

(a) Residence, No. Buffalo, Mo. 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Sarah Jane Barrett

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

Jan-6-1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

5

29

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

Farmer

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) Princeton, Mo.
(STATE OR COUNTRY) Mercer Co.

FATHER 13. NAME James Barrett

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

MOTHER 15. MAIDEN NAME Manda Wasson

16. BIRTHPLACE (CITY OR TOWN) Mercer Co - Mo.
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Sara Barrett - Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Mo DATE 7-8-36

19. UNDERTAKER (ADDRESS) B. Jones Buffalo Mo

20. FILED 7-8-36 19 36 Orchasa George Registrar

MEDICAL CERTIFICATE OF DEATH

36

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 19

22. I HEREBY CERTIFY that I attended deceased from July 2 1936 to July 5 1936

I last saw him alive on July 5, 1936 Death is said

to have occurred on the date stated above, at 8:45 a.m.

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

Date of onset

Acute pneumonia following
Engorgement of prostate
occluding both ureters

Other contributory causes of importance:

Suppurative pyelitis
Prostatic cystitis
Left Nephrectomy July 7 36

Name of operation Left Nephrectomy Date of July 7 36

What test confirmed diagnosis? Biopsy of prostate

23. If death was due to external causes (such as fire) 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

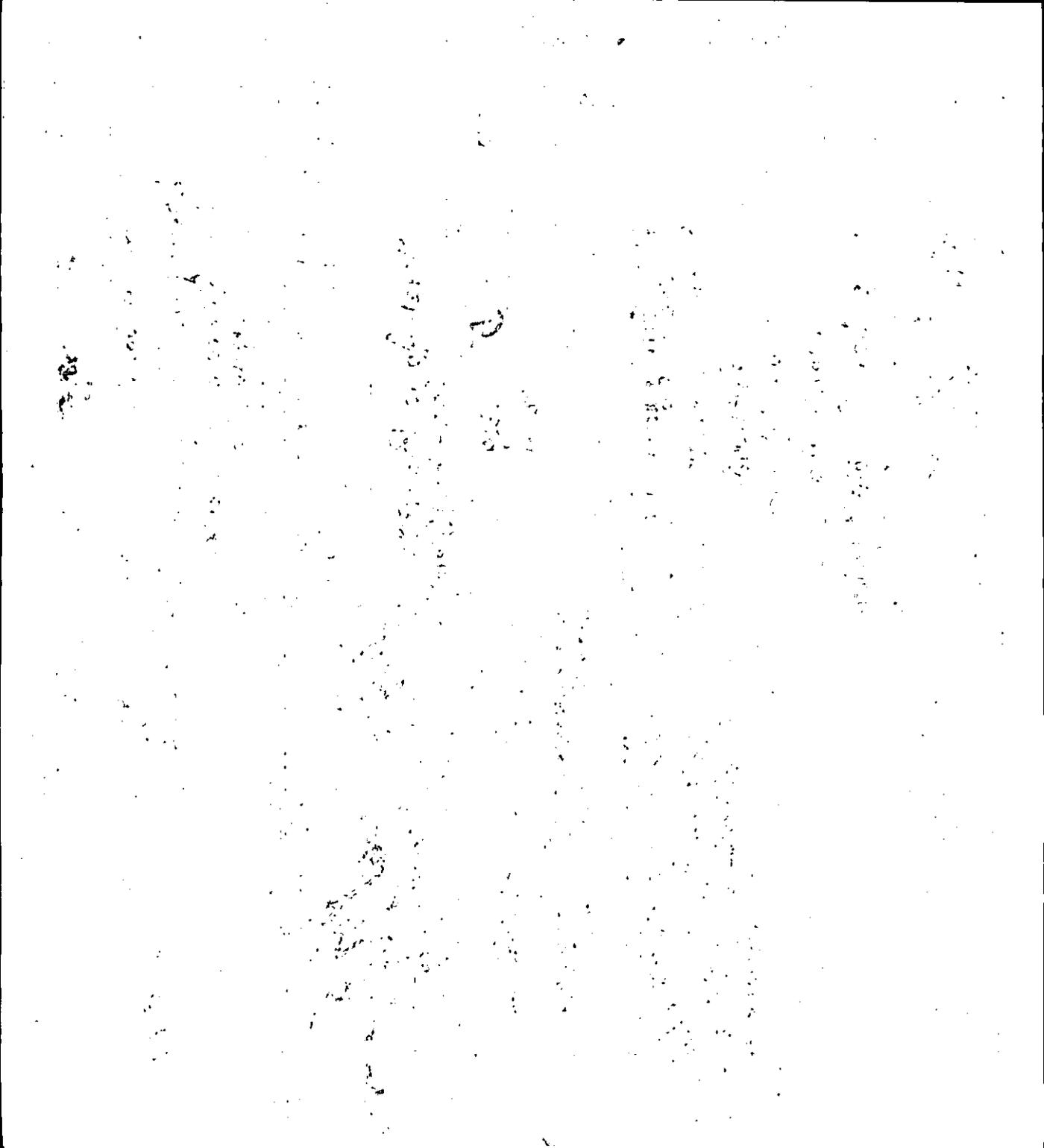
24. Was disease of injury in any way related to occupation of deceased?

If so, specify James E. Drury

(Signed) James E. Drury, M. D.

(Address) Springfield Mo

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

County Greene

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 2001

Registered No. 577

City Springfield (No. _____)

St. _____ Ward _____

2. FULL NAME

Sherman 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 29

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.
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 7-28 1936 Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him 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:

Carcinoma? prostate in -
cluding both testes
January Seat. prostate

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) James F. Reyer, M. D.
Springfield

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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