

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

Do not use this space.

27300

AUG 22 1936

**1. PLACE OF DEATH**

County Madison  
Township Washington  
City Fredericktown (No. ....)

Registration District No. 538  
Primary Registration District No. 3.028

File No. ....  
Registered No. 576  
St. .... Ward)

**2. FULL NAME**

Washington Barrett

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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.  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/31/1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 8 13

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

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) Madison County (STATE OR COUNTRY) Missouri

13. NAME David Barrett

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

15. MAIDEN NAME Lydia Ann Spain

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

17. INFORMANT (ADDRESS) J. C. Barrett

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Creek Cem. DATE 11/4/36

19. UNDERTAKER (ADDRESS) E. J. Webb

20. FILED July 14 1936 B. C. Slaughter Registrar

Ray A. Schwaner

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1936

22. I HEREBY CERTIFY That I attended deceased from June 27 1936, to July 14 1936

I last saw him alive on July 31 1936. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Lobar Pneumonia Date of onset June 26

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? No

If so, specify

(Signed) E. B. Higdon, M. D.

(Address) Fredericktown, 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.

