

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**City **St. Louis, Mo.** (No. **Barnes Hospital**)File No. **38988**Registered No. **10001**

St. _____ Ward)

2. FULL NAME **James Allison Barbre**(a) Residence, No. _____ St. **N.R.** Ward. **Taylorville, Ill.**

(Usual place of abode)

(If not resident, 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ella Barbre				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1858				
7. AGE	YEARS 78	MONTHS 7	DAYS 24	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box 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) 1924			
11. Total time (years) spent in this occupation 10				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois				
FATHER	13. NAME John A. Barbre			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois			
MOTHER	15. MAIDEN NAME Margaret McKee			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois			
17. INFORMANT S.R. Pettis Taylorville, Ill. (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE Taylorville, Ill. DATE 10-5-36				
19. UNDERTAKER Albert H. Hays Inc. (ADDRESS) 429 N. Euclid Ave				
20. FILE NO. 10081 2 100 J. H. Budeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2 , 19 36
22. I HEREBY CERTIFY, That I attended deceased from 9-2 , 19 36 , to 10-2 , 19 36
I last saw him alive on 10-2 , 19 36 Death is said to have occurred on the date stated above, at 8:25 A.M.
The principal cause of death and related causes of importance were as follows: Hypertrophy of Prostate Benign Bilateral pyelo nephritis acute-nephralculi
Date of onset _____
Other contributory causes of importance: 10 Pneumonia (lobular) lung abscess (Staph.) Non TB Non Traumatic
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) F. R. Bradley M.D. BARNES HOSPITAL , M. D. (Address) _____

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

MARGIN RESERVED FOR BINDING.

V.S. NO. 2
FORM-1-20-38
1936-1 X7044

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.

