

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

Do not use this space.

43771

1. PLACE OF DEATH

County Boone Registration District No. 73 File No. _____
 Township Columbia Primary Registration District No. 3006 Registered No. 335
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME

Isidore Arnold Barth
 (a) Residence, No. 14 College Ave Ward. _____ (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-1936

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

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1936 to 12/17, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-3-1868

I last saw him alive on 12/17, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

7. AGE YEARS 68 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Asphyxia Date of onset 12/13
Cardiac failure during status
Asphyxiation

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

Other contributory causes of importance: Reckless walk

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) Philadelphia, Pa.

13. NAME Moses Barth

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

15. MAIDEN NAME Mina Arnold

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

17. INFORMANT Mrs. Minnie Barth (ADDRESS) 14 College Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 12-20, 1936

19. UNDERTAKER Parker, Furn. Co. (ADDRESS) Columbia, Mo.

20. FILED 12/19/36 Allie Selby Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify _____ (Signed) D. K. Fine, M. D.

(Address) Columbia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10/10/10