

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.

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

Do not use this space.

JAN 27 1937

47406

1. PLACE OF DEATH

County Texas Registration District No. 10302
Township Pierce Primary Registration District No. L144
City Clear Springs, Mo. St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Clear Springs, 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31, 1883</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>9</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Howell Co. Mo

13. NAME
U. S. Barton

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

15. MAIDEN NAME
Barbara Ann Barton

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

17. INFORMANT (ADDRESS)
W. S. Barton, Western Idaho

18. BURIAL, CREMATION, OR REMOVAL
Home of Mrs. _____ DATE Dec 15, 1936

19. UNDERTAKER (ADDRESS)
J. J. _____

20. FILED Dec 17, 1936 Paul R. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 to 11, 1936.
I last saw him alive on 12/9, 1936. 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:
Suicide as above

Date of onset _____

Other contributory causes of importance:
None

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 _____, 1936

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) J. R. Womack Coroner, M. D.
(Address) 7 Houston St

