

FEB 16 1937

Dr. Bedford  
 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

688

1. PLACE OF DEATH

County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City Jefferson City (No. St. Mary's Hospital)

File No. \_\_\_\_\_  
 Registered No. 42 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Thomas Barrington  
 (a) Residence, No. 327A E. Capital Ave 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 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 Mrs. Wilhelmina Kessum Barrington  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 - 1853  
 7. AGE YEARS 83 MONTHS 11 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired State Supt.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of School of Mo.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 1/19/1937, to 1/21/1937  
 I last saw him alive on 1/20/1937. 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:

Pneumonia, lobar  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.  
 FATHER 13. NAME Wabman 31  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabman 21  
 MOTHER 15. MAIDEN NAME Wabman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabman  
 17. INFORMANT Mrs. W. T. Barrington  
 (ADDRESS) 327A E. Capital Ave. J. C. Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cem. DATE Jan. 23, 1937  
 19. UNDERTAKER Heinrich Funeral Home  
 (ADDRESS) J. C. Mo.  
 20. FILED 1/23/1937 Dr. Bedford Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No  
 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) Dr. Bedford, M. D.  
 (Address) Jeff. City, 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.

