

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade

Registration District No. 306

File No. 5847

Township Quenaville

Primary Registration District No. 4184

Registered No. 6

City Quenaville (No. St. Ward)

2. FULL NAME Chelon Barter

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary a Baxter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 20. 1849</u>		
7. AGE <u>87</u>	YEARS <u>5</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired 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) Red Bird
(STATE OR COUNTRY) Mo.

13. NAME George Baxter

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

15. MAIDEN NAME Nancy J. Miller

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

17. INFORMANT B. B. Barter
(ADDRESS) Quenaville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Quenaville Mo. DATE 2-12- 1937

19. UNDERTAKER J. P. Murray
(ADDRESS) Quenaville Mo.

20. FILED 2-16 19 37 J. F. Ferrell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-30- 1937 to 2-10- 1937

I last saw him alive on 2-9- 1937. Death is said to have occurred on the date stated above, at 1:30 A. M.

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

Bronchial Pneumonia Date of onset 10/12

Other contributory causes of importance: 10/12

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) Edd Mellin, M. D.
(Address) Quenaville Mo.

