

MAR 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7843

1. PLACE OF DEATH

County RifleyRegistration District No. 7510Township WarnerPrimary Registration District No. 5985City WarnerFile No. 14Registered No. 1434

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. G. Barton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Kentucky13. NAME Bird Hodges14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Nancy Cargill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT B. G. Barton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE AmityDATE 2-7-193719. UNDERTAKER Jordan Donighan, Mo (ADDRESS)20. FILED 2-17-1937 E. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-, 193722. I HEREBY CERTIFY, That I attended deceased from 1/1 or 37, 1937 to 7/6, 1937I last saw him or her alive on 2/6/37, 1937. Death is saidto have occurred on the date stated above, at 9:40 a.m.

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

Date of onset

Lobar Pneumonia2/1/37Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1937

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? no

If so, specify _____

(Signed) Clifford Yafork(Address) Donighan, Mo.

M. D.

Go to 10