

APR 22 1937

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

Do not use this space.

12554

## 1. PLACE OF DEATH

County Macon  
Township Lya  
City Atlanta Mo (No. ...., ..... St. .... Ward)

Registration District No. 529  
Primary Registration District No. 5700

File No. ....  
Registered No. ....

2. FULL NAME Susan Estella Barron

(a) Residence, No. .... 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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF A. W. Barron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 9 4

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. House wife  
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) Handerch, Co. Ill.13. NAME Wm. C. Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny15. MAIDEN NAME Catherine Barris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT Mrs. J. R. Robinson (ADDRESS) Atlanta Mo18. BURIAL, CREMATION, OR REMOVAL PLACE mt labor DATE 3-29-193719. UNDERTAKER H. Woodring (ADDRESS) Atlanta Mo20. FILED April 8, 1937 A. L. Chamber Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 193722. I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to March 27, 1937I last saw her alive on March 27, 1937. Death is said to have occurred on the date stated above, at 9:45 P. M.

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

Acute ascending Paralysis Date of onsetOther contributory causes of importance: 812

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 Yes(Signed) A. L. Chamber, M. D.(Address) Atlanta Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

