

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
County Worth
Township Grant City
City Grant City (No.)

Registration District No. 903-1
Primary Registration District No.

File No. 17906

Registered No. St. Ward

2. FULL NAME Samuel Nelson Barber

(a) Residence, No. Grant City St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Sarah M. Barber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1863

7. AGE YEARS 74 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) May 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath County Kentucky

13. NAME Daniel Barber

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

15. MAIDEN NAME Catherine Fland

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

17. INFORMANT Mrs. Duane King (ADDRESS) Paducah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paducah DATE 4/25 1937

19. UNDERTAKER Newt Long (ADDRESS) Raymond, Mo.

20. FILED 5/7 1937 Ed Mull Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-3 1937 to 4-3 1937

I last saw him alive on 4-3 1937 Death is said to have occurred on the date stated above, at 11:00 P.

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

Lung Abscess Date of onset 3-27-37
Not known

Other contributory causes of importance: Emphysema

Name of operation Date of

What test confirmed diagnosis? Physician's report 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? NO

If so, specify

(Signed) M. D.

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County North
Township Grant City
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 4545

File No. 17906
Registered No.
St. Ward)

2. FULL NAME

Samuel Nelson Barber

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 2

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from, to, 19....

I last saw him alive on 19.... 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:

lung abscess Date of onset

Do not know

Other contributory causes of importance: 113

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) P. J. Ross, M. D.

(Address) Grant City Mo

Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES-UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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