

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

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

Do not use this space.

JUL 28 1937

23759

561

1. PLACE OF DEATH

County Greene
Township Campbell
City Springfield (No. St. John's Hospital)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leard Mae Barton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 1894</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>10</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u>		11. Total time (years) spent in this occupation <u>7 months</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) <u>7/2/37</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1937

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

I last saw him dead alive on July 8, 1937. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage into abdomen from rupture of aortic left internal iliac artery = fracture of Pelvis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 8, 1937

Where did injury occur? East of Rogersville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury automobile accident

Nature of injury H

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J.P. Ferguson (Coroner), M. D.

(Address) 542 Wood apt 201

Springfield Mo

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster Co</u>
	13. NAME <u>Herlin Barton</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rogersville, Mo.</u>
	15. MAIDEN NAME <u>Sylvania Silvey</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rogersville, Mo.</u>
	17. INFORMANT (ADDRESS) <u>Robert Bruce Marshfield Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshfield Mo</u> DATE <u>July 9 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Geo. A. George Md Marshfield Mo</u>	
20. FILED <u>July 8 1937</u> <u>Chas A George Md</u> Registrar	

210 m

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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 Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No.)

File No. 23759

Registered No. 561

St. Ward)

2. FULL NAME

William Louis Barton

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) M

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.
42 10 2

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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 9-1 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1937

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

I last saw h. 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:

riding in automobile
Date of onset

Other contributory causes of importance:

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? accident 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 automobile accident

while riding in automobile

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Serquain M.D.

(Address) 242 Well Arts Bldg

Springfield Miss

SUPPLEMENTARY

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

S-23759