

AUG 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Gentry
 Township Jackson
 City King City, Mo. (No.)

Registration District No. 312
 Primary Registration District No. 4188

File No. 27188Registered No. 13 St. Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred 36 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Barbour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 9

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

M. D.

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) 1932

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Liberty Kentucky

13. NAME Jesse Barbour

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

15. MAIDEN NAME Maurice Abbott

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

17. INFORMANT (ADDRESS) Lelia Barbour
216 Saran - St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ford Cemetery DATE July 27, 1937

19. UNDERTAKER (ADDRESS) Lyle W. Wilson
King City, Mo.

20. FILED 7/27/37 Donald S. Sant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25 193722. I HEREBY CERTIFY That I attended deceased from 1937 to July 20, 1937

I last saw him alive on July 20, 1937. Death is said to have occurred on the date stated above, at 9:30 m.

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

Pneumonia 92
Heart

Other contributory causes of importance:

Coronary Sclerosisnutritional degeneration

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 Back(Signed) King City, Mo. M. D.(Address) King City, Mo.

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

