

SEP 21 1937

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

Do not use this space.

31345

28

1. PLACE OF DEATH

County Grady Newton Registration District No. 614
Township Grady Primary Registration District No. 4555
City Grady (No.) St. Ward

File No.
Registered No. 26

2. FULL NAME Henry Lee Barber

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Barber

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to Aug 6, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 - 1887

I last saw him alive on Aug 6, 1937. Death is said to have occurred on the date stated above, at 1 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 " 4 19

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

Pulmonary tuberculosis Date of onset Feb 1936

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. Miner
10. Date deceased last worked at this occupation (month and year) 2 years
11. Total time (years) spent in this occupation 18 yrs

Other contributory causes of importance: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME James Monna Barber

Name of operation Date of
What test confirmed diagnosis? Sputum Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

15. MAIDEN NAME Hannah D. Bevalt

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Herman Grate
(ADDRESS)

Manner of injury
Nature of injury 9

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grady DATE Aug 8, 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify Probably - in mine

19. UNDERTAKER Stephen J. James
(ADDRESS)

(Signed) Charles O'Brien, M. D.
(Address) Grady Mo.

20. FILED Aug 8, 1937
W. R. Kelso
Registrar.

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

