

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

Do not use this space.

31655

SEP 25 1937

1. PLACE OF DEATH

County St. Francois, Registration District No. 774
 Township St. Francis, Primary Registration District No. 4465
 City Bellevue, River St. Charles St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Mrs. Anna Barton

(a) Residence, No. 201, _____ St., _____ Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Mr. Alfred L. Barton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-1893
 7. AGE YEARS 54 MONTHS 3 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1937
 22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1937, to 8-17, 1937
 I last saw her alive on 8-17, 1937. Death is said to have occurred on the date stated above, at 7:30 p. m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) 8-17-37 11. Total time (years) spent in this occupation 30

Date of onset 8-14-37
N. meningitis
 121

Other contributory causes of importance:
arterial hypertension
arterial sclerosis
Chronic degeneration of kidneys
Chronic
 Name of operation None Date of _____
 What test confirmed diagnosis? History of case Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve County
 13. NAME Mr. Patrick Kernan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury _____, 19____
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Mrs. Julia Bloom Kernan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo.

Manner of injury None
 Nature of injury None

17. INFORMANT Mrs. Alfred L. Barton (ADDRESS) Hustan

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View Farmington DATE August 20, 1937

19. UNDERTAKER Alvin W. Hard (ADDRESS) Flat River, Missouri

(Signed) Paul T. Jones, M. D.
 (Address) Flat River, Mo

20. FILED 9/8 1937 E. B. Herron Registrar.

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.

