

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 33855
Township _____ Primary Registration District No. 30091 Registered No. 273
City Cape Girardeau (No. SE. Mo Hosp) St. _____ Ward _____

2. FULL NAME Forrest A. Barringer

(a) Residence, No. _____ St. _____ Ward. Chaffee Mo
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 1, 1913
7. AGE YEARS 24 MONTHS 0 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) Chaffee Mo

FATHER 13. NAME William Barringer

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

MOTHER 15. MAIDEN NAME MaBke Vanderbelt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Mrs. MaBke Barringer (ADDRESS) Chaffee, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockview DATE 9/17 1937
Seatte Mo

19. UNDERTAKER Bislinghoff & Hubbard (ADDRESS) Chaffee Mo

20. FILED 9-3 1937 J.M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1937, to Sept 3rd, 1937
I last saw him alive on Sept 2nd, 1937. Death is said to have occurred on the date stated above, at 5.9 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Atank Aug
Dysphoid Fever
Date of onset Aug 15/37

Name of operation _____ Date of _____
What test confirmed diagnosis? urinal 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) J.P. Schult M. D.
(Address) Cape Girardeau, 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.

{ Guy
{ Marie
{ Katherine

James Collins Little Rock