

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

OCT 21 1937

1. PLACE OF DEATH

County MarionRegistration District No. 547Township WagonPrimary Registration District No. 3029City Hannibal(No. 116)North 9th

St. _____ Ward _____

File No. 34763Registered No. 2942. FULL NAME William Francis Barger(a) Residence, No. 116 N 9th

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

male

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

Elsie N Barger

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

May 26, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74328

OCCUPATION

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

Barber (Retired)

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)

Louis

FATHER

13. NAME William F Barger

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

Sweet Springs Kentucky

MOTHER

15. MAIDEN NAME Amanda Ann Masters

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

Sweet Springs Kentucky

17. INFORMANT (ADDRESS)

Mrs Elsie N. Barger 116 N 9th Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE not listedDATE Sept 26, 1937

19. UNDERTAKER (ADDRESS)

Crayford Smith 902 Brady Hannibal Mo.

20. FILED

Sept 30 1937O. C. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7th, 1937, to Sept 24, 1937I last saw him alive on Sept 20, 1937. Death is saidto have occurred on the date stated above, at 8:30 p. m.

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

Date of onset

arteriosclerosis
95

Other contributory causes of importance:

Myocardial 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 _____

(Signed) J. B. BakerJ. B. Baker

, M. D.

(Address) Hannibal MoHannibal Mo



107