

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Iron
 Township Broader
 City Ironton (No.)

 Registration District No. 391
 Primary Registration District No. 4530

 File No. 37822
 Registered No. 57
 St. Ward)
2. FULL NAME Joel Jefferson Barton
 (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 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 Susan Barton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22, 1864
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 9

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) California (STATE OR COUNTRY)13. NAME John Barton14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)17. INFORMANT John R. Barton (ADDRESS) Ironton Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Boss Mo. DATE Nov. 1, 193719. UNDERTAKER White & Son (ADDRESS) Ironton Mo.20. FILED Nov 11, 1937 RA Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19... to, 19...

I last saw h. alive on, 19... Death is said

to have occurred on the date stated above, at 7.00 P.M.
The principal cause of death and related causes of importance were as follows:
 { Fracture r. lower leg
Internal injuries
Shock.
Other contributory causes of importance: gripingName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accid. Date of injury. Oct 31, 1937Where did injury occur? Boss Mo. (Dent Co.)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
hit by a carNature of injury Fracture leg & internal injury24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) James H. Martin (Coroner) M. D.(Address) Ironton, 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.

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