

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

Do not use this space.
Alexander
42583

1. PLACE OF DEATH **DEC 28 1937**
 County *Stoddard* Registration District No. *810*
 Township *West* Primary Registration District No. *6057*
 City *Downing Mo* (No. _____) St. _____ Ward _____

2. FULL NAME *Harry Simpson Barrett*
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*
 5A. ~~UNMARRIED, WIDOWER, OR DIVORCED~~
 HUSBAND OF *Della Ne Barrett*
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 24 - 1901*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 3 19
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*
 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) *Madison Co Mo*
 FATHER
 13. NAME *H. E. Barrett*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co Mo*
 MOTHER
 15. MAIDEN NAME *Anna E. Gibleon*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stoddard Co Mo*
 17. INFORMANT *H. E. Barrett*
 (ADDRESS) *Downing Mo*
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Camp Ground April 4 1937*
 19. UNDERTAKER *Arthur B. Barrett*
 (ADDRESS) *Downing Mo*
 20. FILED *DEC 4 - 1937*
C. C. Cornejo
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 13 1937*
 I HEREBY CERTIFY, That I attended deceased from *Oct 4 1937* to *Nov 13 1937*
 I last saw him alive on *Oct 25 1937* Death is said to have occurred on the date stated above, at *5:00 p.m.*
 The principal cause of death and related causes of importance were as follows:
T.B. of lungs & Larynx
 Date of onset *1935*
 Other contributory causes of importance: *Heart Disease*
 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? *No*
 If so, specify _____
 (Signed) *W. W. Alexander*, M. D.
 (Address) *Downing Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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