

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski 95

Township Springfield

City Richland

Registration District No. 712

Primary Registration District No. 4427

File No. 7881

Registered No. 3

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

Thinnie Barlow

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

March 24 - 1873

7. AGE

YEARS _____

MONTHS _____

DAYS _____

If LESS than 1 day, _____ hrs. _____ min.

64

7

7

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

Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Produce Dealer

10. Date deceased last worked at this occupation (month and year)

Oct 16 1937

11. Total time (years) spent in this occupation

20

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

Richland Mo

13. NAME

Thinnie Barlow

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

Young

15. MAIDEN NAME

Emma L. Hallin

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

Wynessville Mo

17. INFORMANT (ADDRESS)

Carl Barlow Richland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____

DATE _____

Oak Lawn

10-19

19. UNDERTAKER (ADDRESS)

W. B. Oliver Richland

20. FILED

Mar 9 1938

W. B. Oliver

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

10-17

1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1937 to Oct 17 1937

I last saw him alive on Oct 17 1937 Death is said

to have occurred on the date stated above, at 6 A. m.

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

Pulmonary Edema

Date of onset

10/16/37

Other contributory causes of importance:

Unknown

Name of operation

None

Date of _____

What test confirmed diagnosis

Autopsy

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) _____

W. B. Oliver

(Address) _____

Richland, Mo.

M. D.

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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.

