

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.

REC'D APR 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Osage*
Township *Benton*
City *Walter* (No. *626*)

Registration District No. *6395643*
Primary Registration District No. *4283*

File No. *11663*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Walter F Barchard 626

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. *62* mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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 *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-30-1878*

7. AGE YEARS *62* MONTHS *4* DAYS *3* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *labor*
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) *Osage Co, Chamois mo, 0*

FATHER 13. NAME *William Barchard 4*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England 0*

MOTHER 15. MAIDEN NAME *Mary Woods*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osage Co, Chamois mo*

17. INFORMANT (ADDRESS) *M. W. Townby*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Barchard cemetery* DATE *April 4, 1938*

19. UNDERTAKER (ADDRESS) *Otto J. Storksiek Chamois mo*

20. FILED *April 4, 1938* *Ester Souder Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 3, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *March 28th, 1938, to April 3rd, 1938*

I last saw him alive on *Apr 1st, 1938* Death is said to have occurred on the date stated above, at *6-50 a.m.*
The principal cause of death and related causes of importance were as follows:

Diarhea & enteritis acuti Date of onset _____

Other contributory causes of importance: *12012-*

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) *M. H. Howling* M. D. *Chamois mo*
570 (Address) _____

