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 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard — Registration District No. 834 — File No. 12300
Township Pike — Primary Registration District No. 6097 — Registered No. 7
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Carl Barden 635
(a) Residence, No. Mesler, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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 [redacted] Maudy Barden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 7 - 1900

7. AGE — YEARS: 38 — MONTHS: — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

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) 1938
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandin Mo. 0

FATHER
13. NAME John Barden 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naylor Mo 1

MOTHER
15. MAIDEN NAME Minnie McBride
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Success Ark.

17. INFORMANT (ADDRESS) Ray England

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perkins DATE March 14, 1938

19. UNDERTAKER (ADDRESS) Ray England Acting Undertaker

20. FILED 4/9, 1938 D S McGee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 13, 1938
I last saw him alive on March 13, 1938. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar.	
Other contributory causes of importance: Influenza	

Name of operation ..... Date of .....
What test confirmed diagnosis? inspect 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) C. E. Lewis, M. D.
(Address) Advance, Mo.