

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

Do not use this space.

REC'D JUN 17 1938

Dr. McRee!
19184

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 1106 E 7) St. _____ Ward _____

File No. _____
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Alonso Barber
(a) Residence, No. 1106 E 7 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Barber

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to May 23, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1857

I last saw h. alive on May 22, 1938 Death is said to have occurred on the date stated above, at 1.00 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 23

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

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

Respiration of yesterday
Date of onset May 21 1938

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) May 1 1938 11. Total time (years) spent in this occupation 30

Other contributory causes of importance:
Colic, stomach
acute silicosis

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

13. NAME Abraham Barber

Name of operation none Date of none
What test confirmed diagnosis clinical Was there an autopsy? no

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

15. MAIDEN NAME Agden

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? h Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. H

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs Nellie Barber
1106 E 7 Sedalia, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 5/25 1938

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros
Sedalia

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chapman, M. D.

20. FILED 5-26-1938 Franc Slack
Registrar

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

