

REC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23086
Do not use this space.

1. PLACE OF DEATH

(a) County Shannon Registration District No. 637
 (b) Township Jackson Primary Registration District No. 6084 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Barbara Jane Barton

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>XX</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1938</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>0</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>0</u>		
10. Date deceased last worked at this occupation (month and year) <u>0</u>		
11. Total time (years) spent in this occupation <u>0</u>		
12. BIRTHPLACE (CITY OR TOWN) <u>Akers</u> (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>James Barton</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Round Springs, Mo</u> (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mildred Nave</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Mo</u> (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>James Barton,</u> (ADDRESS) <u>Akers, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jadwin, Mo</u> DATE <u>June 20, 1938</u>		
19. FUNERAL DIRECTOR <u>none</u> (ADDRESS)		
20. FILED _____ 19 _____ Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19 1938 to June 19 1938

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Still born

Other contributory causes of importance:

Indeterminate

Name of operation none Date of _____

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 0, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
none

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) C. H. Diehl, M. D.
 (Address) Salem, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Mo Undertakes, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23056

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1. PLACE OF DEATH

(a) County Shannon Registration District No. 637
(b) Township Jackson Primary Registration District No. 6084
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 XX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0 0 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

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

13. NAME James Barton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Round Spring

15. MAIDEN NAME Mildred
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) James Barton

18. BURIAL, CREMATION OR REMOVAL PLACE Jackson Mo DATE June 20 1938

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED Aug 27 1938 Minnie A. Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1938

I HEREBY CERTIFY That I attended deceased from June 19 1938 to June 19 1938

I last saw him alive on XX, 19 1938. Death is said to have occurred on the date stated above, at XX m.
The principal cause of death and related causes of importance were as follows:

Stroke
Date of onset _____
Other contributory causes of importance: Indeterminate

Name of operation none Date of _____
What test confirmed diagnosis? 0 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. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. H. Diehl, M. D.
(Address) Kalamazoo, Mo.

