

REC'D SEP 26 1938

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

28626

Do not use this space.

1. PLACE OF DEATH *Clark* 7  
(a) County *Clark* Registration District No. *190*  
(b) Township *Madison* Primary Registration District No. *5269* Registered No. *vv*  
(c) City ..... (d) Street No. .... St.  
(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 *Mrs. David Barron, 657*  
(a) Residence, No. *Johanna* 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) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *David Barron*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 9, 1860*

7. AGE YEARS *88* MONTHS *5* DAYS *5'* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired*  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Covington, Kentucky*

FATHER  
13. NAME *Henry Shea*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER  
15. MAIDEN NAME *Colleen Harrington*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Mrs. Mary Clark*  
(ADDRESS) *Rahoka, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Razell Cem.* DATE *Aug. 16, 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *H. F. Kirchner, Wayland, Mo.*

20. FILED *8/16, 1938 J. B. Bridger*  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 14, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 27, 1938, to Aug. 14, 1938*  
I last saw her alive on *Aug. 10, 1938* Death is said to have occurred on the date stated above, at *12:30 A.M.*  
The principal cause of death and related causes of importance were as follows:  
*Chronic Valvular Heart Disease* Date of onset *not known*

Other contributory causes of importance:  
*accidental fall on Aug. 19, 1938, no fractures suffered shock*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *accid.* Date of injury *8-4, 1938*  
Where did injury occur? *Clark Co. Mo.*  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. *Home*

Manner of injury *Fall*  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *J. M. Riggs* M. D.  
(Signed) *J. M. Riggs*  
17 of (Address) *Wayland*

RECEIVED

District Health Officer No. 10

District File Number 10-28-175

Date Filed 9-16-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*H. F. Kircher*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

*H. F. Kircher*

Licensed Embalmer No. 2611

P. O. Address Wayland, 7

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

If this body is not embalmed, above space should be left blank.