

REGD SEP 20 1938

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

29113

Do not use this space.

1. PLACE OF DEATH **Jackson**
 (a) County **Jackson** Registration District No. **396**
 (b) Township **Ft. Osage** Primary Registration District No. **552** Registered No. _____
 (c) City **Sibley** (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred **11** yrs. **X** mos. **2** ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME **Mrs. Maude Anolia Barton.** **1025**
 (a) Residence, No. **Sibley Mo.** St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mr. Andy Barton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 20, 1894**

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | 44 | 6 | 22 | |

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

12. BIRTHPLACE (CITY OR TOWN) **Cheonia** 0
 (STATE OR COUNTRY) **Missouri** 0

FATHER 13. NAME **Joseph Griffith** 0
 14. BIRTHPLACE (CITY OR TOWN) **Clay County** 2
 (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Katie Griffith**
 16. BIRTHPLACE (CITY OR TOWN) **Canada**
 (STATE OR COUNTRY)

17. INFORMANT **Mr. Andy Barton**
 (ADDRESS) **Sibley Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sibley Mo.** DATE **8/15/38**, 19__

19. FUNERAL DIRECTOR (NAME) **V. M. Reppert.**
 (ADDRESS) **Buckner Missouri**

20. FILED **Aug 15, 1938** **John M. Robertson**
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 12/38**, 19__

22. HEREBY CERTIFY, That I attended deceased from **Dec. 2, 1937**, to **Aug. 12, 1938**
 I last saw her alive on **Aug. 12, 1938**. Death is said to have occurred on the date stated above, at **3:00 P.M.**
 The principal cause of death and related causes of importance were as follows:
Hyperstatic pneumonia
 Date of onset _____
H6C

Other contributory causes of importance:
Carcinoma
Symptom cold

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) **L. W. Higgins** M. D. 0
Buckner, Mo. (Address) **357**

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,

Vernon M. Reppert

....., or by

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

Signed.....

Vernon M. Reppert

Licensed Embalmer No.....

2321

P. O. Address.....

Buckner Mo.

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.