

1938 SEP 20

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

29854
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
(b) Township Country Primary Registration District No. 5970 Registered No. 15
(c) City Country (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 William Newton Barber 616

(a) Residence, No. Country 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1856

7. AGE YEARS 82 MONTHS 6 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Famer
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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo 0

FATHER 13. NAME Traverse Barber 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Geo Bellis
Crunch mo

18. BURIAL, CREMATION OR REMOVAL PLACE South Paul DATE 8/5 58

19. FUNERAL DIRECTOR (ADDRESS) W. Silbray
Crunch mo

20. FILED 8/7 58 Blayshell, m. l. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1938, to 5-2, 1938

I last saw him alive on 5-2, 1938. 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:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

arterio sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis Chronic Was there an autopsy 0

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. Day M. D.

(Address) Crunch mo

STATEMENT BY LICENSED EMBALMER

I, C. V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. No. Edward C. Gibson or by Edward C. Gibson, Registered Apprentice No. 151
working under my personal supervision.

Signed C. V. Gibson
Licensed Embalmer No. 2299

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