

PERM SEP 28 1938

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

29911  
Do not use this space.

1. PLACE OF DEATH

(a) County Stancin Registration District No. 33  
(b) Township Randolph Primary Registration District No. 6024B  
(c) City Frank Clay, Mo. (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.

Registered No. 19

2. PRINT FULL NAME

Jimie Barton 625  
(a) Residence, No. Frank 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1938

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

22. I HEREBY CERTIFY, That I attended deceased from April 3 1938 to Aug 3 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/12/1870

I last saw her... alive on... Aug 3 1938 Death is said

7. AGE YEARS 68 MONTHS 4 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

to have occurred on the date stated above, at... 2 A.M.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
10. Date deceased last worked at this occupation (month and year) July 38  
11. Total time (years) spent in this occupation 50 yrs

Carcinoma of Liver Date onset 3  
Diabetic Mellitus  
1/6/6

Other contributory causes of importance \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. O

FATHER 13. NAME Geo Candern O

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. O

MOTHER 15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co

17. INFORMANT (ADDRESS) John Barton  
Frank Clay Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank Clay DATE 8-6 1938

19. FUNERAL DIRECTOR (ADDRESS) Specks Und. Co  
Franklin, Mo.

20. FILED 8-5 1938 W. C. Schubert Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none 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? no

If so, specify \_\_\_\_\_

(Signed) John W. Hunt M. D.

(Address) Leadwood Mo

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

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**STATEMENT BY LICENSED EMBALMER**

I, ....., 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 with the above constitutes grounds for revocation of license.)**