

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

**10003**  
Do not use this space.

DEC'D APR 10 1939

1. PLACE OF DEATH *Boone*

(a) County *Boone* Registration District No. *73*

(b) Township *Columbia* Primary Registration District No. *3006* Registered No. *49*

(c) City *Columbia* (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 *SALLIE A BARTON*

(a) Residence, No. *712 Rogers* 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 *Wm A Barton*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 23 1856*

7. AGE YEARS *82* MONTHS *6* DAYS *12* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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. *Housewife*  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co Mo*

FATHER 13. NAME *Wm Grant* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont Know*

MOTHER 15. MAIDEN NAME *Pharaba Johnson* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT *Mrs Anna H Phillips* (ADDRESS) *712 Rogers*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Columbia Cem* DATE *MARCH 7 1939*

19. FUNERAL DIRECTOR *R. O. Willett* (ADDRESS) *Columbia, Mo.*

20. FILED *3/6/39* *Allie Selby* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5th 1939*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *9 P.m.*

The principal cause of death and related causes of importance were as follows:  
*Was deaf when I arrived from history evidently died in County Thoubasso -*

Date of onset *Ind 3, 18*

Other contributory causes of importance: *94*

Name of operation *w* Date of \_\_\_\_\_  
What test confirmed diagnosis?  Was there an autopsy? *w*

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) *Wm Campbell* \_\_\_\_\_, M. D.  
*74* (Address) *Columbia, Mo*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2.  
50M-7-26-37  
1 X12004

STATEMENT BY LICENSED EMBALMER

*Lyman A. Sprinkle*

Licensed Embalmer No. *4013*

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

*Arterial & County*

L. E.

No. .... or by .....

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Lyman A. Sprinkle*

Licensed Embalmer No. *4013*

**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.)**