REC'D MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi
Township Tiwaukee
City Charleston (No. ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 3030

File No. 15533
Registered No. 41

2. FULL NAME 610 JOHN BARBEE
(a) Residence, No. W. CYPRESS St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathryn Barbee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20 1894
7. AGE YEARS 44 MONTHS 4 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Lotterdale County Tenn.

FATHER
13. NAME George Barbee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Dicey Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Albert Barbee W. Cypress St., Charleston Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove County DATE May 2 1939
19. UNDERTAKER (ADDRESS) Frank Tate Funeral Service Charleston Mo.
20. FILED May 2, 1939 F S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 10:10 P.M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1939
22. I HEREBY CERTIFY, That I attended deceased from Had no Doctor, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10-10 P.m.
The principal cause of death and related causes of importance were as follows:

Influenza
Had no treatment except medicine he got from Drug store

Date of onset

Other contributory causes of importance:

11 B

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? ..... 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) Owen Cook J. P., M. D.
(Address) Acting Coroner.

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.

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