

REC'D MAY 12 1939

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

15906  
Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 748  
(b) Township Wagon Primary Registration District No. 4449  
(c) City or Ellington  
(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

(a) Residence, No. 635 Leeper Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NAOMI FRANCIS BARTON  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1898  
7. AGE YEARS 41 MONTHS 1 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

13. NAME Squire Barton  
14. BIRTHPLACE (CITY OR TOWN) Reynolds Co Mo (STATE OR COUNTRY)

15. MAIDEN NAME Mary B Madford  
16. BIRTHPLACE (CITY OR TOWN) Reynolds Co Mo (STATE OR COUNTRY)

17. INFORMANT Acid Stogdell (ADDRESS) Ellington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Mo DATE 4-24-39

19. FUNERAL DIRECTOR (NAME) Coy - Tenchell (ADDRESS) Van Buren Mo

20. FILED May 7 1939 Essie Evans Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-39

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

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Death due to natural cause  
Dropped dead on street  
Other contributory causes of importance: in Ellington Mo.

Date of onset

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) J. M. Pogue, Jr. M.D.  
671 (Address) Ellington Mo

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.

**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, or by April 23

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Philip A. Leuebel

Licensed Embalmer No. 2436

P. O. Address Von Buren

**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.**