REC'D JUN 12 1939

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

791 1003

17096
Do not use this space.

4630

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township or City ..... Primary Registration District No. ..... Registered No. 4630

(c) St Louis, Mo. (d) Street No. St Lukes Hospital 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 607 Lawrence Barr

(a) Residence, No. ..... St. NR Potosi, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 26, 1891

7. AGE: YEARS 47 | MONTHS 9 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Mo.

FATHER
13. NAME: Russell Sherman Barr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Mo.

MOTHER
15. MAIDEN NAME: Ella Morrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Mo.

17. INFORMANT (ADDRESS): Mr. Barr Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi Mo. DATE 5-24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): S Parks Funeral Home Potosi, Mo.

20. FILED MAY 22 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/21/ 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/12, 1939, to 5/21, 1939
I last saw him alive on 5/21, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured duodenal ulcer	
Peritonitis (strept. viridans)	

Other contributory causes of importance:

Name of operation: Closure of ulcer Date of 5/12/39
What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) William H. Gray, M. D.
(Address) St. Lukes Hospital

(Licensed Embalmer's Statement on Reverse Side)

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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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.....

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

working under my personal supervision.

Signed John Fetter

Licensed Embalmer No. 3880

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.