

REC'D JUN 24 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19082

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 481
 (b) Township Lewis Town Primary Registration District No. 4290 Registered No. 8
 (c) City Lewis Town (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 635 Rhawley Barton

(a) Residence, No. _____ 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 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 Mary Elizabeth Barton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 2 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
 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) Danville, Ill.
 (STATE OR COUNTRY) _____

13. NAME Jacob, Barton

14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Ella McGee

16. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Mary E Barton
Lewistown, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE LaBelle Mo DATE June 1, 39

19. FUNERAL DIRECTOR (ADDRESS) James A. Coder
Lewistown, Mo

20. FILED 5/29, 1939 James A. Coder
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to June 29, 1939

I last saw him alive on May 10, 1939 Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Anginal Pectoris

Other contributory causes of importance: 94 W

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? no 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. N. McArthur M. D.

(Address) LaBelle Mo

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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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1082

Date Filed 6-9-39

STATEMENT BY LICENSED EMBALMER

I, James A. Coder

Licensed Embalmer No. 2532

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

Myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

James A. Coder

Licensed Embalmer No. 2532

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.)