

REC'D JUN 22 1938

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

19264

Do not use this space.

## 1. PLACE OF DEATH

(a) County Moniteau Registration District No. 214  
 (b) Township HARRISFORK Primary Registration District No. 577413 Registered No. 1  
 (c) City \_\_\_\_\_ (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 Martillis Barbour

(a) Residence, No. Russellville, Mo. 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 Blanch Barbour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Russellville (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Barbour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Callie Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Blanch Barbour (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Polio Cem. DATE May 19th, 1939

19. FUNERAL DIRECTOR (NAME) G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED May 19, 1939 Mrs. Martillis Barbour Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18th, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1937, 19, to May 18, 1939, 19.

I last saw him alive on May 18, 1939, 19. Death is said to have occurred on the date stated above, at 7-A.M.

The principal cause of death and related causes of importance were as follows:

Insular Sclerosis of Brain and Cord

Date of onset

Not  
defi-  
nite

Other contributory causes of importance:

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) Walter L. Leslie, M. D.

Russellville, Mo. (Address)

**STATEMENT BY LICENSED EMBALMER**

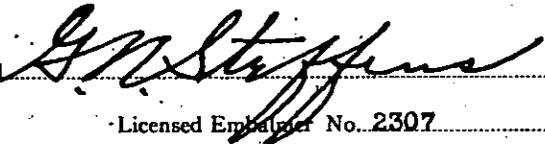
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

G.N. Steffens

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

working under my personal supervision.

Signed



Licensed Embalmer No. 2307

P. O. Address Russellville, Mo.

**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.**