

AUG 11 1937

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

Do not use this space.

26554

1. PLACE OF DEATH

County Pike Registration District No. 684
Township Danville Primary Registration District No. 5912
City Booth (No. _____) St. _____ Ward _____

2. FULL NAME

G. C. Harvey Barrett
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>86</u>	<u>1</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Pike Co Mo.

13. NAME John F. Barrett

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

15. MAIDEN NAME Susie Chamberlain

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

17. INFORMANT Ben Barrett

18. BURIAL, CREMATION, OR REMOVAL Bowling Green Mo.

19. UNDERTAKER W. H. Wilcox

20. FILED 7-1-37 19.37 W. H. Wilcox Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-39

22. I HEREBY CERTIFY, That I attended deceased from

July 1937, 19____, to 7-16-39, 19____

I last saw him alive on July 10th 39 Death is said

to have occurred on the date stated above, at 12/05 332 M

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

Chronic Interst. Nephritis

Date of onset

Other contributory causes of importance: 12/1

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) T. H. Wilcox M. D.

(Address) _____

Bowling Green 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.

RECEIVED

District Health Officer No. 10

District File Number 8-39-1388

Date Filed AUG 4 1939