

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

26623  
Do not use this space.

REC'D AUG 19 1939

1. PLACE OF DEATH 3

(a) County Randolph Registration District No. 735

(b) Township Sugar Creek Primary Registration District No. 3034

(c) City Moberly (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. 6 mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN NELSON BARTON

(a) Residence, No. 544 HAGOOD St.  (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-11-1915

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

23 11 21

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

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) July 2, 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Howard Co. Missouri (STATE OR COUNTRY) D

MOTHER 13. NAME Joseph L. Barton (STATE OR COUNTRY) D

14. BIRTHPLACE (CITY OR TOWN) Howard Co. Missouri (STATE OR COUNTRY) O

15. MAIDEN NAME Martha M. Johnson

16. BIRTHPLACE (CITY OR TOWN) Bowling Co. Missouri (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Joseph L. Barton, R.F. #5 Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perche Cemetery DATE July-5-1939

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home (ADDRESS) Moberly Mo.

20. FILED July 3 1939 Seah Williams Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-2-1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's office, 1939

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30am.

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

Dislocated outer end of left clavicle, left chest crushed

Date of onset 7-2-39

Other contributory causes of importance: 210 ft. 25

Probably internal hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-2-39

Where did injury occur? Moberly, Randolph Co., Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury from fall over embankment

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) A. H. Shrader, Coroner, M. D.

(Address) Moberly, 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 8-39-1441

Date Filed AUG 9 1939

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 Myself

and R. M. Gater, Registered Apprentice No. 185  
working under my personal supervision.

Signed Thomas G. Barnes

Licensed Embalmer No. 2414

P. O. Address Motley Hill

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

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