

1939 SEP 13

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

Do not use this space!

1. PLACE OF DEATH

County Madison  
Township Big Creek  
City Buckhorn (No. 1)

Registration District No. 539  
Primary Registration District No. 6229

File No. 29654  
Registered No. 58  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Hiram Lafayette 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cynthia J. Barrett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 1860</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Buckhorn  
(STATE OR COUNTRY) Madison Co Mo

FATHER 13. NAME David Barrett

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

MOTHER 15. MAIDEN NAME Lydia DeSpain

16. BIRTHPLACE (CITY OR TOWN) Madison  
(STATE OR COUNTRY) County

17. INFORMANT (ADDRESS) Vilas Brewington  
Buckhorn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barrett Cem DATE 8-3 1939

19. UNDERTAKER (ADDRESS) Chas Barrett  
Buckhorn Mo

20. FILED Aug 3 1939 B. C. Slaughter  
Reg & D. S. Slaughter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1939 to Aug 3 1939

I last saw him alive on Aug 2 1939 Death is said to have occurred on the date stated above, at 3 A m.

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

Acute Gastric Catarrh with acute Obstruction of bowels, caused by

Other contributory causes of importance: His age

Date of onset \_\_\_\_\_

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) Adair F. Sugrue M. D.

(Address) Buckhorn, 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.

