

NOV 27 1939

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

Do not use this space.

1. PLACE OF DEATH
 County Scotland 2 Registration District No. 870
 Township Vest Primary Registration District No. 6057
 City Downing R.F.D. (No. 610 Alexander F. Barb) St. _____ Ward _____

2. FULL NAME Alexander F. Barb
 (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.

37334
 File No. 2
 Registered No. 47
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Annie F Barb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1857

7. AGE YEARS 87 MONTHS _____ DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Scotland Co Mo

FATHER
 13. NAME Levi Barb
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
 15. MAIDEN NAME Appeline Trabel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Mrs Bessie Allen Downing Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Downing DATE Oct 13 1939

19. UNDERTAKER (ADDRESS) Levi Barb Memphis Mo

20. FILED Oct 20 1939 Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1939

22. I HEREBY CERTIFY, that I attended deceased from Oct 9 1939 to Oct 11 1939
 I last saw him alive on Oct 11 1939 Death is said to have occurred on the date stated above, at 1 P. M.
 The principal cause of death and related causes of importance were as follows:
Senility Chronic hypostitis and prostatic
 Date of onset _____

Other contributory causes of importance: 121

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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. E. Gerwig M. D.
 (Address) Downing Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 10

District File Number 11-39-2557

Date Filed NOV 25 1939