

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15719

State File No. \_\_\_\_\_

Registration District No. 1128

Primary Registration District No. 5-1711

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County UNKNOWN  
(b) City or town UNKNOWN  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME VINCENT PAUL BARTON  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 489-07-5126

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife KATHLEEN DOUGHERTY  
6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased JUNE 24, 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>10</u>	<u>14</u>	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Steam-Fitter

11. Industry or business \_\_\_\_\_

12. Name Jeremiah Barton  
13. Birthplace Ireland  
14. Maiden name Catherine Callahan  
15. Birthplace Ireland

16. (a) Informant's own signature Joseph P. Barton

(b) Address 5045 Perry Ave.  
17. (a) Removal St. Louis, Mo. (b) Date thereof May 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cemetery St. Louis

18. (a) Signature of funeral director Bey Funeral Home  
(b) Address Perryville, Mo.

19. (a) 5/10/40 (b) Joseph J. Zellan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8412 Michigan Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 8  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Found floating in the Mississippi River at Clayville  
Due to Drowning

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature W. H. Bailey (M. D. or other) \_\_\_\_\_  
Address Perryville Date signed 5/10/40

PHYSICIAN  
Underline the cause to which death should be charged statistically

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

599

153  
251

APR 2 1957  
MAY 2 1957

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**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.....

....., Registered Apprentice No.....  
..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15719**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **660**

Primary Registration District No. **4396**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Perry**  
(b) City or town **Perryville mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME **Vincent Paul Barton**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **35** Months **10** Days **14** If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

DEATH CERTIFICATION

20. DATE OF DEATH Month **May** day **8** year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above

Immediate cause of death **Found floating in the river at Perryville** Duration

Due to **Drowning** No knowledge as to whether it was **suicide, homicide, or accidental**

Due to **suicide, homicide, or accidental**

Other conditions (Include pregnancy within 3 months of death) **1872**

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **Car**

23. Signature **Wm H. Bailey** (M. D. or other)

Address **Perryville mo** Date signed

SUPPLEMENTAL

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

PERMANENT RECORD

