

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

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

Do not use this space.

1. PLACE OF DEATH

County Franklin

Registration District No. 475

Township Spring Grove

Primary Registration District No. 5639

City Marion (No. 30)

File No. 28949

Registered No. _____

St. _____ Ward _____

2. FULL NAME Pierpont, Barrie

(a) Residence, No. Lawrence Co Mrs. Russell Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dollie M. Barrie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 9 11

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.

10. Date deceased last worked at this occupation (month, and year) 1940 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Mo.

13. NAME Dont Know

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT Dollie Barrie (ADDRESS) Verona Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Verona DATE Aug. 28, 1940

19. UNDERTAKER Edwin Wilcox (ADDRESS) Verona Mo.

20. FILED Sp-7 19 40 9 1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1928, to Aug. 26, 1940. I last saw him alive on Aug. 25, 1940. Death is said to have occurred on the date stated above, at 9 P. m.

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

Cerebral Hemorrhage of the Colar
Date of onset 2 1/2 hrs. Ago
46

Other contributory causes of importance:

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? Yes

If so, specify _____

(Signed) W. L. Barrie M. D.
(Address) 276 W. Pleasant

RECEIVED

District Health Officer No. 6,

District File Number 440-~~2682~~ 2682

Date Filed SEP 12 1940