

NOV 19 1940

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

Do not use this space.

35371

1. PLACE OF DEATH  
County Greene Registration District No. 320  
Township Center Primary Registration District No. 5443  
City (No. .... St. .... Ward)

2. FULL NAME Johnny Barrett  
(a) Residence Rt. 4 Springfield Mo St. .... Ward.  
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. (If nonresident, give city or town and State)

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>Mary Barrett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-22-1873</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>7</u>
	YEARS <u>3</u>	MIN. <u>3</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation. <u>50</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) <u>Dec 1-1939</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co. Mo</u>		
FATHER	13. NAME <u>T.L. Barrett</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co Mo</u>		
MOTHER	15. MAIDEN NAME <u>Almeda Bims</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Elbert Barrett Rt # 4 Springfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookline Mo</u> DATE <u>7/27 1940</u>		
19. UNDERTAKER (ADDRESS) <u>Alma Hughes 7 Home Springfield Mo</u>		
20. FILED <u>7/25 1940</u> <u>Wm. E. Royal</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28 1940

22. I HEREBY CERTIFY, That I attended deceased from May 14 1940, to July 25 1940  
I last saw him alive on July 24 1940 Death is said to have occurred on the date stated above, at 4 A. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset 1/10 40

Other contributory causes of importance:  
Arteriosclerosis 12/5 38

Name of operation None Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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? No  
If so, specify .....

(Signed) E.M. LeCompte M. D.  
(Address) Brookline 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

Crowne County Health Office,

County File Number 40-11-90

Date Filed 11/12/40