

FILED FEB 17 1941

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

3077

Do not use this space.

## 1. PLACE OF DEATH

(a) County Johnson Registration District No. 5-586 430  
 (b) ~~Township~~ Trest Oak Primary Registration District No. 4256 Registered No. 430  
 (c) City Lee ton, Mo. (d) Street No. 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Selvia Logan Barrow  
 (a) Residence, No. Lee ton, Mo. St.  0 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Almeda Barrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 0 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as 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) Illinois

13. NAME Samuel Barrow

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

15. MAIDEN NAME Nancy Unknown

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

17. INFORMANT (ADDRESS) Clarence Barrow  
Lee ton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Windsor, Mo DATE 1-3- 1941

19. FUNERAL DIRECTOR (ADDRESS) R. B. Branninger 390  
Lee ton, Mo.

20. FILED Feb 10 1941 Annabel Reynolds  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1 1941

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1940, to Jan 1, 1941.  
 I last saw him alive on Jan 1, 1941. Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Arterial Sclerosis

Date of onset

Other contributory causes of importance:

Cardiac insufficiency

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Dr. W. H. Stan 20

(Address) Lee ton, Mo.

RECEIVED  
District Health Officer No. 8,  
Subject File Number  
Date Filed 7-6-41

STATEMENT BY LICENSED EMBALMER

I, H.A. Brauning, Licensed Embalmer No. 3377-  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H.A. Brauning  
Licensed Embalmer No. 3377

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.)