

FILLED OCT 17 1941

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

32881

Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 905
(b) Township Allen Primary Registration District No. 6216
(c) City Denver (d) Street No. 1
(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.

Registered No. 1

2. PRINT FULL NAME

(a) Residence, No. LELAND BARBER St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Leola Barber
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 - 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Leola
9. Industry or business in which work was done, as saw mill, bank, etc. Leola
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) Worth co

FATHER 13. NAME Henry Barber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth co

MOTHER 15. MAIDEN NAME Clara Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth co

17. INFORMANT (ADDRESS) Dr. Bram
Denver, 1110

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miller Cemetery DATE Aug. 3 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. L. Perry

20. FILED Oct 16 1941 A. L. Perry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1941 to Aug 2 1941

I last saw him alive on Aug 1 1941. Death is said to have occurred on the date stated above, at 1:50 A.M.

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

Myocardial Infarction
of heart

Date of onset 1938

Other contributory causes of importance:

Hypertension
Phlebotomy

Name of operation Phlebotomy Date of Aug 2

What test confirmed diagnosis? Phlebotomy 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 Aug 2 1941

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. Bram M. D.

(Address) Denver, 1110

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 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 DEATHState File No. 32881Registration District No. 905Primary Registration District No. 6216

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Worth
(b) City or town Denver
(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 years, months or days)
In this community _____

3. (a) PRINT
FULL NAMELeland Barber

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 married
6. (b) Name of husband or wife Loula Barber 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased July 5 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months _____ Days _____
(If less than one day _____ min.)

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

10. Usual occupation

11. Industry or business

- MOTHER FATHER { 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miller cemetery

18. (a) Signature of funeral director J. P. Brown
(b) Address Denver MO
19. (a) Oct 16 - 41 (b) A. L. Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Worth
(c) City or town Denver
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

1941
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