

FILED SEP 15 1942.

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

27707

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monroe Registration District No. 227  
(b) Township Jackson Primary Registration District No. 5804  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (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

Thomas Earl Barton  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (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 MC 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED husband Wife Nelle Barton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1879

7. AGE YEARS 62 MONTHS 9 DAYS 26 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Monroe Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Thomas Barton

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

MOTHER 15. MAIDEN NAME Mary E. Love

16. BIRTHPLACE (CITY OR TOWN) Monroe Co. Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Nelle Barton  
Holliday, Mo. R.R.#3

18. BURIAL, CREMATION, OR REMOVAL PLACE Holliday, Mo. DATE 9/21/42

19. FUNERAL DIRECTOR (NAME) Freda Thompson (ADDRESS) Madison, Mo.

20. FILED 9/3/42 E. H. Agnew Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/2/42, 1942

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1942 to \_\_\_\_\_, 1942  
I last saw him alive on \_\_\_\_\_, 1942. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.

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

Coronary artery disease  
MI

Other contributory causes of importance: 55e

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? MI 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?  
If so, specify \_\_\_\_\_ (Signed) Chas. Keedle M. D.  
(Address) Paris, Mo.

SEP 1 1940

**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 Miss Irene Thompson  
Licensed Embalmer No. 3282  
P. O. Address Madison, Mo

**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.**