

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

Do not use this space.

27032

1. PLACE OF DEATH

County Jenny
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 95
St. _____ Ward _____

2. FULL NAME

J. W. Barth

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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 Lena Magdalena Barth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Java (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Jno Barth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Lebold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) E. W. Barth
Clinton Mo

15. FILED Sept 5 1927 Dr. E. C. Peeler REGISTRAR
by JH

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1927, to Sept 4 1927, that I last saw alive on Sept 4 1926, and that death occurred, on the date stated above, at 10 9 m.

THE CAUSE OF DEATH* was as follows:

acute nephritis
137
130
(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Constituted
(duration) 4 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 135
IF NOT AT PLACE OF DEATH, Henry Co
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 1/27
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. D. Sutton M. D.
, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wich, Missouri DATE OF BURIAL 9/6 1927

20. UNDERTAKER Chris. Milkiewicz ADDRESS Clinton

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.

PERMANENT RECORD

PARENTS

26
1927

