

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

Do not use this space.

33561

PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 14211

File No.
Registered No. 23
St. Ward

2. FULL NAME Marnauduke Melman Barman
(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. ds. 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 OR Cliza J. Wood Barman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 - 1844
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 | 5 | 26 |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Joseph Barman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unkerson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Cliza J. Wood Barman
(Address) Windsor Mo

15. FILED Oct 7 1925
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1925
17. I HEREBY CERTIFY That I attended deceased from Oct 6 1925 to Oct 6 1925
that I last saw him alive on Oct 6 1925, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera morbus
170B
15 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. Blackmore, M. D.
10-7, 1925 (Address) Windsor 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 Windsor Mo DATE OF BURIAL Oct 8 1925

20. UNDERTAKER J. A. Blackmore ADDRESS Windsor 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.

WITH UPDATING INSTRUMENTS IS A PERMANENT RECORD.

