

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

Do not use this space.

27750

1. PLACE OF DEATH

County Cedar
Township Linn
City Stockton (No.)

Registration District No. 165
Primary Registration District No. 5231

File No.
Registered No. 28
St. Ward)

2. FULL NAME

J. G. Barley J.G. Barley

(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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 / 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. has been Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. died at county

10. Date deceased last worked at this occupation (month and year) farm 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J. M. Serbest Sedalia, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Aug 15 1931

19. UNDERTAKER (ADDRESS) Davis & Co Stockton, Missouri.

20. FILED Sept 19 31 E. S. Smith
Mayor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1931

22. HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 14, 1931

I last saw him alive on Aug 6, 1931. Death is said to have occurred on the date stated above, at 5 P. m.

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

chronic Brights disease Date of onset

Other contributory causes of importance: 131 / 31

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) A. G. Simrell, M. D.
(Address) Stockton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 22 1931

