

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

Do not use this space.

32220

1. PLACE OF DEATH

County St. Louis Registration District No. 701
Township St. Louis Primary Registration District No. 1003
City Washington (No. 4341)

File No. _____
Registered No. 9270
St. _____ Ward _____

2. FULL NAME

Stanley Norman Barton

(a) Residence No. 43411 Washington Ave Ward 19
(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 OF Anita Barton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 - 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>42</u>	<u>6</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Delmar
(STATE OR COUNTRY)

10. NAME OF FATHER George Barton

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

12. MAIDEN NAME OF MOTHER Mary Smith

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

14. INFORMANT Anita Barton Dye
(Address) 43411 Washington

15. FILED 1929 SEP 18 1929 WASH
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1929, to Sept 16, 1929 that I last saw him alive on Sept 16, 1929, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97 (duration) yrs. mos. ds. 2 ds.

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Place of Death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation

(Signed) Orrick E. Smith, M. D.

, 19 1929 (Address) 4129 Delmar

*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 Cabray DATE OF BURIAL 9/18 1929

20. UNDERTAKER Larrigan & Sheehan ADDRESS Washington

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.

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