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.

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

Do not use this space.

29802

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

1 Township Mason — Primary Registration District No. 3029 — Registered No. 259

8 City Hannibal (No. 1334 Grace St. St. Ward)

2. FULL NAME Harold Lewis Barton

(a) Residence, No. 1334 Grace St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3rd 1932

7. AGE — YEARS: — MONTHS: 8 DAYS: 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Hannibal Mo

FATHER
13. NAME Frank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo

MOTHER
15. MAIDEN NAME Clara Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

17. INFORMANT (ADDRESS) Frank Barton 1334 Grace Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 9/25 1932

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED Sept 29 1932 C. Clausius Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1932, to Sept 23, 1932
I last saw him alive on Sept 22 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	9/20/32
109 A	
107 a	

Other contributory causes of importance: (1)

Name of operation None Date of
What test confirmed diagnosis? Clinical & Physical Exam Was there an autopsy? NO

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? NO
If so, specify
(Signed) J. E. Sulkman, M. D.
(Address) Hannibal Mo.