

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

Do not use this space.

11933

MAY 21 1935

**1. PLACE OF DEATH**

County Boone  
Township Columbia  
City Columbia (No. \_\_\_\_\_)

Registration District No. 73  
Primary Registration District No. 3006

File No. \_\_\_\_\_  
Registered No. 80  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Richard Barrett  
(a) Residence, No. 1210 Walnut 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 OF Mattie Barrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1872

7. AGE YEARS 62 MONTHS 9 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor, C. O. of Missouri

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) 1/35 11. Total time (years) spent in this occupation 23 yrs

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

13. NAME John Barrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Crenshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mattie Barrett, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE 4-19-35

19. UNDERTAKER (ADDRESS) Parter F. Co. (M.F.C.) Columbia, Mo.

20. FILED 4/19/35 Allee Selby Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-35

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1935 to 4-17-1935

I last saw him alive on 4-17-1935 Death is said to have occurred on the date stated above, at 3 P.M.

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

Carcinoma of stomach about 2-16-35

Other contributory causes of importance: Diabetes do not know

Name of operation No Date of \_\_\_\_\_

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_

(Signed) W. F. Dyson, M. D. (Address) Columbia, 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.

WHILE FURNISHING WITH CONTINUING INTERESTS IS A PERMANENT RECORD

