License #1407

MAY 13 1935

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

Do not use this space.

14527

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City Saint Louis (No. 4384 Cook Avenue, St. ..... Ward)

File No. 3360

Registered No.

2. FULL NAME James Edward Barbee

(a) Residence, No. 4384 Cook Avenue, St., // Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	Colored	Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(WIFE OF)~~ Willie Ann Barbee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal & Ice Business.

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ripley
(STATE OR COUNTRY) Tennessee

FATHER

13. NAME Willis Barbee

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

MOTHER

15. MAIDEN NAME Harriett Evans

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

17. INFORMANT Willie Ann Barbee
(ADDRESS) 4384 Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ripley, Tenn. DATE Apr. 13/1935

19. UNDERTAKER Charlie J. Gatte
(ADDRESS) 4107 Finney Avenue

20. FILED APR 12 1935, 19 J. H. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from About thirty ago, 19..., to April 10, 1935

I last saw him alive on April 10, 1935. Death is said to have occurred on the date stated above, at 8:25 A.M.

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

Cerebral Apoplexy with home paralysis (Rt) — Date of onset 1933

95 P

Other contributory causes of importance: Cardiovascular disorder with Pneumonia & pulmonary tuberculosis — Date of onset some years ago

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

What test confirmed diagnosis? Phys. Exam. 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) J. T. Breedlove, M. D.

(Address) 2748a Franklin Avenue,

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.

WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD