

SEP 23 1936

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

Do not use this space.

30694

1. PLACE OF DEATH

County HENRY
Township Fairview
City Deepwater (No. _____)

Registration District No. 351
Primary Registration District No. 4208

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME Elmer Barber

(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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Josephine Barber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1868-7-2

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 1 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Indiana13. NAME Alfred Barber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown

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

17. INFORMANT Paul Barber
(ADDRESS) Grand Rapids, MO18. BURIAL, CREMATION, OR REMOVAL PLACE East Mt Zion Church DATE 9-30 193619. UNDERTAKER Sam Hunt
(ADDRESS) Deepwater, MO20. FILED T-28 36 J. J. Russell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 193622. I HEREBY CERTIFY, That I attended deceased from 7-1, 1936, to 8-28, 1936I last saw him alive on 8-27, 1936. Death is said to have occurred on the date stated above, at 6.4 a.m.

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

Date of onset

Chronic myocarditis ?
Ch. hypertens.

Other contributory causes of importance:

ascites 131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Ed Barber, M. D.(Address) Clinton, 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.

