MARGIN RESERVED FOR BINDING

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.

20M-2-19-36 I X7294

752 JUL 11 1939

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

Do not use this space.

21576

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 613
City St. Joseph (No. State Hospital for Insane #2 St., Ward)

2. FULL NAME Samuel Barbera
(a) Residence, No. State Hospital #2 St., Ward. Jackson Co. Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. 9 ds. 8 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) July 2 1895
7. AGE YEARS 43 MONTHS 11 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unk
10. Date deceased last worked at this occupation (month and year) Unk
11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

17. INFORMANT (ADDRESS) Jackson Co. Clerk Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp. for Ins. DATE June 16 1939
19. UNDERTAKER (ADDRESS) Heaton Bryant & Bowman 319 S. 10th. Funeral Home
20. FILED 6/17 1939 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1934, to June 15, 1939.
I last saw him alive on " " , 1939. Death is said to have occurred on the date stated above, at 2-4:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. paralysis of the insane	1934
(syphilis of the C.N.S.)	"
Other contributory causes of importance:	
Bronchopneumonia (hypostatic)	1 wk.

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) T. T. O'Dell, M. D.
(Address) St. Joseph