

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.

43580

JAN 8 1935

1. PLACE OF DEATH
 County Lincoln Registration District No. 497
 Township Browning Primary Registration District No. 4300
 City Browning (No. _____) St. _____ Ward _____

2. FULL NAME John Jessie Barrett
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m **4. COLOR OR RACE** w. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** m.

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Miss Maudie Barrett
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1860.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	min.
	74	- 7 -	- 9			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer
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) 1819 **11. Total time (years) spent in this occupation** 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Mo.

FATHER
13. NAME William Barrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME Maudie Harmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Mo.

17. INFORMANT (ADDRESS) J. W. Harmon
Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funerary DATE Dec-23-1934

19. UNDERTAKER (ADDRESS) J. W. Harmon
Browning, Mo.

20. FILED Dec 22, 1934 Felbra M. McCormac
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1934, to Dec 21, 1934.
 I last saw him alive on Dec 18, 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:

<u>Hemiplegia</u> <u>131</u> <u>678</u>	Date of onset <u>9/29/34</u>
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Other contributory causes of importance:
Myocarditis

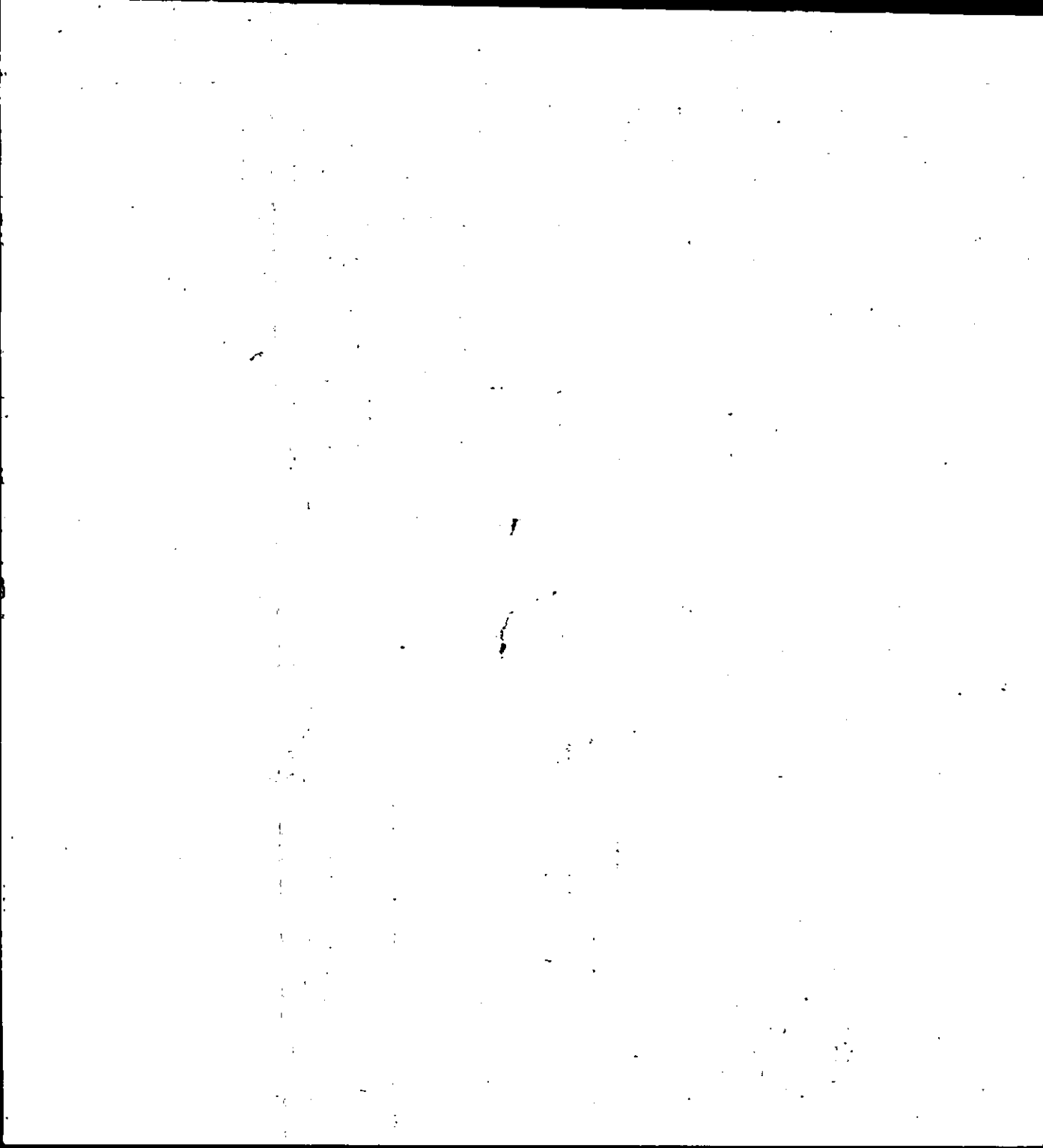
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. R. Harmon, M. D.
 (Address) Browning Mo

35
260



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn

Registration District No. 497

File No.

Township

Primary Registration District No. 4300

Registered No.

City Proctor (No.)

St. Ward)

2. FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 7 9

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 12/22 1934 Glenn McCormick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Hemiplegia
131
Other contributory causes of importance:
ruptured aortic aneurysm
Date of onset

Name of operation Date of operation

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) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. Do not write in plain terms, so that it may be properly classified.

JAN. 31 1935

5-43580