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.

APR 27 1931

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

Do not use this space.

11315

1. PLACE OF DEATH
94 County St Francois | Registration District No. 994 | File No. 192
Township | Primary Registration District No. 001 86 | Registered No.
City Esther (No. St. Ward)

2. FULL NAME Mary Barton

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Invalid for about 5 yrs
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington, Mo. (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Julian David
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Phillipine Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Ernest Ragsdale - Daughter
(Address)

15. FILED Mar 18, 1931 W J Bryan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 10 — 1931

17. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1928, to Mar 10, 1931, that I last saw her alive on Mar 10, 1931, and that death occurred, on the date stated above, at 5.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis, Gall stones
Carcinoma of liver
46 E
131
(duration) 3 yrs. X mos. X ds.
CONTRIBUTORY (SECONDARY) Debility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 46
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. C. Rohrbach, M. D.
3/12, 1931 (Address) Flat River Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Woodlawn cemetery Lexington	March 12 1931

20. UNDERTAKER	ADDRESS
Alvin W. Hood	Flat River - Mo