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

Do not use this space.

95 JUN 26 1934

1. PLACE OF DEATH
County St. Francois Co., Registration District No. 934
Township ..., Primary Registration District No. 6026
City Farmington route No 2 (No. ..., St. ..., Ward)

File No. 17909
Registered No. 5

2. FULL NAME Mr. John Franklin 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)
Male.	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Lulu Francis Barton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12- 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	60	1	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

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) St. Francois County.

FATHER

13. NAME Mr. Isaac Mason Barton

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

MOTHER

15. MAIDEN NAME Mrs. Sarah Lucas Barton

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

17. INFORMANT (ADDRESS) Miss Ruby Barton, daughter, Farmington route No 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Modern Woodmen Cemetery DATE May 28 19 34

19. UNDERTAKER (ADDRESS) Alpin U. Hall, Black River, Mo.

20. FILED 5/29/ 19 34 Wm. A. Rotte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 25, 1934
I last saw him alive on May 24, 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with Hemorrhage.	
46	

Other contributory causes of importance:

11	
9C	

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) L. M. Stanfield M. D.
(Address) Farmington 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.