

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.

JAN 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... **1003**
City **St. Louis** or **St. Johns Coop.**

44845

File No. **1196**
Registered No. **1196**
St. _____ Ward)

2. FULL NAME

(a) Residence, No. **3417 Seneca** St. **6** 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 Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Barton		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1870		
7. AGE	YEARS 64	MONTHS 9
	DAYS 16	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist	
	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. Louis Mo		
FATHER	13. NAME Daniel Barton	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England	
MOTHER	15. MAIDEN NAME Mary E. Ripston	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
17. INFORMANT (ADDRESS) John S. Smart		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Johns Dec 20 34		
19. UNDERTAKER (ADDRESS) John S. Smart		
20. FILED 19 1934 19 J. Bredeck Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 17 1934**

22. I HEREBY CERTIFY, That I attended deceased from **10-31**, 19**34**, to **12-17**, 19**34**

I last saw him alive on **12-17-34**, 19..... Death is said

to have occurred on the date stated above, at **9:40 P.** am.

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

Hypertrophy of Prostate
Myocarditis
Chronic Septicemia cause unknown
Parotitis - not mumps

Date of onset	17
	?
	12-15-34
	12-16-34

Other contributory causes of importance:

935
115B

Name of operation **transurethral resection** Date of **11-27-34**

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 **None**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Robert J. Hekey** **no**, M. D.

(Address) **3903 Olive St.**

