

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

Do not use this space.

27460

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1002**
City **St. Louis** (No. **3717**) **Rempel** Ward.....

File No.....
Registered No. **7267**
St..... Ward.....

2. FULL NAME

(a) Residence, No. **3717 Rempel** St., **7** Ward.

(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

SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oswald J. Barton		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 / 1866		
7. AGE	YEARS 66	MONTHS 2
	DAYS 29	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235	
	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) Glencoe 1		
MOTHER FATHER	13. NAME Michael Barton	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15	
	15. MAIDEN NAME Ellen Mc Court	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT Alice Meyer (ADDRESS) 3301 Rempel		
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Hill DATE 8-8 19 32		
19. UNDERTAKER Chas. J. Stuart (ADDRESS) 1225 Union St.		
20. FILED AUG -7 1932 19 Max Stanley Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 5, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 1, 1932** to **Aug. 15, 1932**

I last saw her alive on **Aug. 4, 1932** Death is said to have occurred on the date stated above, at **12:30 p.m.**

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

**Congestion of liver
Active.**

Name of operation..... Date of.....

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.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....
(Signed) **James P. Dougherty**, M. D.
(Address) **1900 Beech St. Louis, Mo.**

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.

