

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

Do not use this space.

17174

1. PLACE OF DEATH

89 County Randolph
Township Pittsford
4 City Richmond (No. _____)

Registration District No. 144
Primary Registration District No. 3035

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME Louis P. Barrett

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 11 24

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

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) Shelbyville Ky. (STATE OR COUNTRY) Ky.

13. NAME Berg. Barrett

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

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Ky.

17. INFORMANT Madge Jones (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny slope DATE May 15 - 1932

19. UNDERTAKER E. Hammond (ADDRESS) Richmond Mo

20. FILED 5-17-32 19. E. E. Gay Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to May 12 1932

I last saw him alive on May 12 1932. Death is said to have occurred on the date stated above, at 8:50 P.M.

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

Cerebral atherosclerosis
arteriosclerosis
Myocarditis
Date of onset _____

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? No

If so, specify _____
(Signed) Harry M. Griffith, M. D.
(Address) Richmond 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.

MAY 24 1932

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

