

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

Do not use this space.

38145

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 91
St. Ward)

2. FULL NAME Theodore E Barth

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11, 1858.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	11	25.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Baden Germany
(STATE OR COUNTRY)

10. NAME OF FATHER William Barth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Katherine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT Miss Emma Barth
(Address) Richmond Mo.

15. FILED Nov 11 1929 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-29 19

17. I HEREBY CERTIFY, That I attended deceased from October 23rd, 1929, to October 31, 1929 that I last saw him alive on October 29, 1929, and that death occurred, on the date stated above, at One p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia Right side (Apoplexy)
(duration) 3 yrs. mos. 6 da.
CONTRIBUTORY Apoplexy. First attack
(SECONDARY) 3 years ago (duration) 3 yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Chas. S. Hotwell, M. D.
Nov 6, 1929 (Address) Richmond 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 City Cem. DATE OF BURIAL 11-8-29 19

20. UNDERTAKER W. H. Mansur Address Richmond Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Do not use this space.

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