

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 28 1936

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

Do not use this space.

20104

1. PLACE OF DEATH

County Moniteau
Township Willoufort
City Tipton, Mo. (No.)

Registration District No. 575
Primary Registration District No. 4339

File No.
Registered No.
St. Ward

2. FULL NAME William Sherman Barrack

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Det. Tinnerman's Sal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Ohio13. NAME Henry L. Barrack14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary E. Lynn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs. Jessie Leslie
(ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Tipton DATE May 25, 193619. UNDERTAKER Jewell E. Richards
(ADDRESS) Tipton Mo20. FILED 5-23 26 Mrs. Sarah Tipton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-193622. I HEREBY CERTIFY, That I attended deceased from Never, 19...., to...., 19....I last saw h. alive on about 19.... Death is saidto have occurred on the date stated above, at 7:30 m.

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

Suicide with Monoxide gas poison Date of onsetOther contributory causes of importance: 764Name of operation No Date of NoWhat test confirmed diagnosis? negative 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?

If so, specify DR Popelny(Signed) DR Popelny M. D.(Address) California Mo.

