

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

1 PLACE OF DEATH

County Clay

34600

Township \_\_\_\_\_  
or \_\_\_\_\_

Registration District No. 201

File No. \_\_\_\_\_

Village \_\_\_\_\_  
or \_\_\_\_\_

Primary Registration District No. 3012

Registered No. 78

City Liberty (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hannetta E. Barnes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE widow  
MARRIED WIDOWED OR DIVORCED  
(Write the word)

6 DATE OF BIRTH June 20 1833  
(Month) (Day) (Year)

7 AGE 84 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Clay Co Mo  
(City or town, State or foreign country)

10 NAME OF FATHER William H. Nell

11 BIRTHPLACE OF FATHER Ky  
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Harrison

13 BIRTHPLACE OF MOTHER Ky  
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs H M Richmond

(Address) 605 Arthur St Liberty

15 Filed 10/30/17 Wm H. Goodson  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 Oct 1 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 25 1917 to Oct 1 1917, that I last saw her alive on Oct 15 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH\* was as follows:  
Cerebral Embolism  
12 hrs  
12 mos  
4 ds  
(Duration) yrs. mos. ds.

CONTRIBUTORY Fracture of Femur  
(Secondary)

(Signed) J H Matthews M. D.  
Oct 15 1917 (Address) Liberty Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Faunus Liberty Mo DATE OF BURIAL Oct 3 1917

20 UNDERTAKER Thompson ADDRESS Liberty

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—fracture of skull, and consequences* (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

County Clay

Township Liberty

Village Liberty

City Liberty

Registration District No. 201

File No. 78

Primary Registration District No. 3012

Registered No. 78

(NO.                      St.                      Ward                     )

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Henrietta E. Barnes

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX                      4 COLOR OR RACE                      5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

16 DATE OF DEATH Oct 1 1917  
(Month) (Day) (Year)

6 DATE OF BIRTH                       
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from                      191                      191                      191  
that I last saw                      alive on                      191                      191

7 AGE                      yrs.                      mos.                      ds.  
If LESS than 1 day                      hrs. or                      min.?

and that death occurred, on the date stated above, at                      m.  
The CAUSE OF DEATH\* was as follows:

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

cerebral embolism  
1720  
(Duration)                      yrs.                      mos. 4 ds.

9 BIRTHPLACE (City or town, State or foreign country)                     

10 NAME OF FATHER                     

CONTRIBUTORY Fracture from  
(Secondary) accidental fall  
(Duration)                      yrs.                      mos.                      ds.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country)                     

(Signed) F. H. Matthews M.D. M. D.  
17/10/17, 1917 (Address) Liberty, Mo.

12 MAIDEN NAME OF MOTHER                     

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)                     

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death                      yrs.                      mos.                      ds. In the State                      yrs.                      mos.                      ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant)                       
(Address)                     

Where was disease contracted if not at place of death?                       
Former or usual residence                     

15 17/10/17 191                      Registrar                     

19 PLACE OF BURIAL OR REMOVAL                      DATE OF BURIAL                      191                     

20 UNDERTAKER                      ADDRESS

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34600  
*Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc. of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)