MAY 25 1927

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

85

Do not use this space.

11060

1. PLACE OF DEATH

County Buchanan Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 448

City St. Joseph, (No. 301 South 10th St. Ward)

2. FULL NAME Augusta Barrow Motter,

(a) Residence. No. 301 South 10th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joshua Motter,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	0	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) ~~Joseph,~~ Mo.

PARENTS

10. NAME OF FATHER John E. Barrow,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Katherine Gingery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Samuel T. Motter
(Address) 2101 Faraon Street.

15. FILED APR 30 1927 John G. Joy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Ap. 1, 1927, to Ap. 28, 1927, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
1010
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St Joseph Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF 0
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) H H Thompson, M. D
7/29, 1927 (Address) 825 Charles

*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 Mount Mora Cemetery
DATE OF BURIAL Apr. 30th 1927.

20. UNDERTAKER Hopton-Betscle Und Co. by J. Wade
ADDRESS 319 S. 10 St.

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.