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

Do not use this space.

24184

SEP 28 1927

1. PLACE OF DEATH
County Howard
Township Richmond
City (No. , St. Ward)

Registration District No. 378
Primary Registration District No. 6-5-26
File No.
Registered No. 92

2. FULL NAME Sarah J. Barnett
(a) Residence. No. St. Ward.
(Usual place of abode)
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.
(If nonresident give city or town and State)

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 Samuel D. Barnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-3-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	~~10~~ 20	29	

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)
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER William H. Tapple
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Amelia Ashcroft
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. John Petrie
(Address) Fayette Mo

15. FILED Sep. 8, 1927 W. A. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-30 1927

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1927, to Aug. 26, 1927
that I last saw h. alive on Aug. 26, 1927, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis + Endocarditis

(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) General Anasarca
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.
(Signed) Wm. J. Shaw, M. D
, 19 (Address) Fayette, 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 Walnut Ridge Cem. — DATE OF BURIAL 8-31 1927
20. UNDERTAKER Guy J. Halley — ADDRESS Fayette, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied.