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

Do not use this space. 39247

1. PLACE OF DEATH
County: Vernon — Registration District No. 875 — File No.
Township: Washington — Primary Registration District No. 6162 — Registered No. 247
City: ~~Nevada~~ (No. ..... St. ..... Ward)

2. FULL NAME: Anna E. Barnett
(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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William J. Barnett
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 10-1851
7. AGE: Years 76 — Months 0 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John Satterwhite
11. BIRTHPLACE OF FATHER (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Sarah Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Kentucky

14. INFORMANT: St. Hosp. Records
(Address): Nevada Mo.
15. FILED 1-9 1928 E. R. Hiers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-28 1927
17. I HEREBY CERTIFY, That I attended deceased from Nov. 1- 1927, to Dec 28 1927 that I last saw her alive on Dec 28 1927, and that death occurred, on the date stated above, at 1-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis —
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): NB
(duration) ..... yrs. ..... 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? Clinical
(Signed) C. Goforth, M. D
12-29 1927 (Address) Nevada Mo. St. Hosp #3 —

*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: Urich, Mo — DATE OF BURIAL: Dec 31 1927
20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada, Mo

NOTE: 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.