

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

Do not use this space.

3190

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. City Hospital Hosp. #1) St. _____ Ward _____

File No. _____
 Registered No. L 811
 St. _____ Ward _____

2. FULL NAME

Martha Barnes
 (a) Residence. No. 121 N. Sarah St. 19 Ward. St. Clair Mo.
 (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 - 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>28</u>	<u>7</u>	<u>13</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory Labor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER David Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rosa Hancock 155 1/2 St. (Address)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
 (STATE OR COUNTRY)

14. INFORMANT Rosa Barnes
 (Address) St. Clair Mo

15. FILED JAN 23 1928 man to start off
 19____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 5:30 P. m.

CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Acid
163-0 Poisoning (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Suicide (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. W. Kerner M.D.
Deputy Coroner
 *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 St. Clair Mo DATE OF BURIAL Jan 25 1928

20. UNDERTAKER Wm. Casey ADDRESS St. Clair Mo

M. 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.

THIS IS A PERMANENT RECORD

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