

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Allen
City (No.)

Registration District No. 405
Primary Registration District No. 6216

File No. 12106-a
Registered No.
St. Ward

2. FULL NAME

Anna Barber

(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1841-10-23

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 5

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) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER John Brumfield

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

12. MAIDEN NAME OF MOTHER Mary Plasters

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

14. INFORMANT J. D. Mann
(Address) Denver, 1116

15. FILED July 28 1928 L. H. Lacy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1928

17. I HEREBY CERTIFY, That I attended deceased from , 1928, to , 1928, that I last saw him alive on , 1928, and that death occurred, on the date stated above, at 3-10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
VIA
109 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza (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) L. H. Lacy, M. D.
, 19 (Address) Denver, 1116

*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 Miller cemetery DATE OF BURIAL 3/27/28

20. UNDERTAKER Man Bros ADDRESS Denver

N. B.—Every item of information should be carefully supplied. AGE should be stated in years. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

12/06/77