27 1928

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

Do not use this space.

36549

1. PLACE OF DEATH
County Franklin — Registration District No. 294 — File No.
Township — Primary Registration District No. 4128 — Registered No. 24
City St. Clair (No. ..... St. ..... Ward)

2. FULL NAME Josephine Barns
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: H. Barns

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 12, 1900

7. AGE: Years 28 — Months 3 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Jonesburg Mo

PARENTS
10. NAME OF FATHER: James Horton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clara Mo.
12. MAIDEN NAME OF MOTHER: Davidson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT (Address): H. Barns St. Clair

15. FILED 11/18, 1928. W. E. Kitchell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/17 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-16, 1928, to 11/17, 1928, that I last saw her alive on 11/16, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gall Stones (Biliary Calculi)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pregnancy
(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) W. E. Kitchell, M. D.
11/18, 1928 (Address) St. Clair

*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: Odd Fellows Cemetery — DATE OF BURIAL: 11/18 1928

20. UNDERTAKER: Casey & Co. — ADDRESS: St. Clair