

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40212

1. PLACE OF DEATH

County Warren

Registration District No. 318

File No. _____

Township Springfield

Primary Registration District No. 200T

Registered No. 912

City Springfield

(No. 1214)

St. Washington

Ward _____

2. FULL NAME

(a) Residence. No. 1212 N. Washington 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)

widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

David Barnhart

7. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 4 - 1847

7. AGE

YEARS 81

MONTHS 5

DAYS 21

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)

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

James Callison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

John Barnhart
(Address) 1714 N. Webster

15. FILED

12/28/28 Office mes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-25-1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to 12-25, 1928, that I last saw him alive on 12-25, 1928, and that death occurred, on the date stated above, at 11:35 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
IIA
107A

107A
Bronchial Pneumonia
(duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms

(Signed) D. J. Sherman, M. D.
127, 1928 (Address) Springfield, 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

Welds Cem.

DATE OF BURIAL

12-28 28
19

20. UNDERTAKER

J. H. Harve

ADDRESS Springfield
Mo

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.

23 1929

RECORD

