

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.

MAR 25 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this form

1530

1. PLACE OF DEATH

County St. Louis
 Township Hughesville
 City (None)

Registration District No. 665
 Primary Registration District No. 5-887

File No. _____
 Registered No. 70
 St. _____ Ward _____

2. FULL NAME

(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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9-1856

7. AGE YEARS MONTHS DAYS
72 3 16 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife retired
 (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) Missouri10. NAME OF FATHER Cass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

14.

INFORMANT Ralph Barr
 (Address) Hughesville Route 1

15.

FILED 2-28-19-29 gk Love
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to Feb 24, 1929, that I last saw him alive on Feb 27, 1929, and that death occurred, on the date stated above, at 3:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulm. Pneumonia
in both lungs
108
56 E (duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) acute Rheumatism
 (duration) _____ yrs. _____ mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) L. P. Hartung, Lt., M. D.
 , 19 (Address) Hughesville 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

Nopeville DATE OF BURIAL Feb 27 1929

20. UNDERTAKER

Laughlin Bros ADDRESS St. Louis

