

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

Do not use this space.

13547

1929

PLACE OF DEATH.

County Stone
Township Washington
City GalenaRegistration District No. 843Primary Registration District No. 4513

File No.

Registered No.

St. Ward)

2. FULL NAME

Mary Lou Barnhart

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Infant

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

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

Aug 31, 1927

7. AGE:

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

11830

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)

(STATE OR COUNTRY)

Galena
mo.

PARENTS

10. NAME OF FATHER

Elmer Barnhart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Taney Co. Mo

12. MAIDEN NAME OF MOTHER

Nanalee Barne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Galena
Mo

14.

INFORMANT
(Address)Mrs. Chas. Barnes
Galena

15.

FILED

Mar 29, 1929 Thos. J. McCard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar. 30 1929

17.

I HEREBY CERTIFY, That I attended deceased from Mar 23, 1929 to Mar 29, 1929 that I last saw him alive on Mar 29, 1929, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sub. Pneumonia

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? yesDID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? smear(Signed) J. J. McCard

M. D.

, 19

(Address) Galena, 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

DATE OF BURIAL

Galena CemeteryMar 30 1929

20. UNDERTAKER

ADDRESS

Scott MooreGalena, Mo

