JUL 24

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

Do not use this space.

17528

1. PLACE OF DEATH

County Cass — Registration District No. 147 — File No.

Township Austin — Primary Registration District No. 5210 — Registered No. 14

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Bertha Barnard

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Gordon Barnard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8, 1885

7. AGE: Years 43 — Months 9 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 1441
(c) Name of employer 1441

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kan.

PARENTS

10. NAME OF FATHER: Z.E.D. Davison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kan
12. MAIDEN NAME OF MOTHER: Anna York
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kan.

14. INFORMANT: C.W. Barnard
(Address): Garden City, Mo.

15. FILED June 12, 1929 B.B. Tout REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1929, to May 22, 1929 that I last saw her alive on May 22, 1929 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhages from placenta praevia (duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY): mitral regurgitation (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical physical findings

(Signed) George Washington Coffey

, 19 (Address) Garden City 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: Pesetha Cemetery — DATE OF BURIAL: May 24 1929

20. UNDERTAKER: J.M. Kauffman — ADDRESS: Garden City, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.