

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No.....)

791
1003

19608

File No. 5212

Registered No. 5212

2. FULL NAME

Harriett Barber

(a) Residence No. *2007 Rear Market St.* *24* Ward.

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

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

John Barber

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

Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

about 65

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)

Malon Miss.

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

not known

14. INFORMANT (Address)

*John Barber
2007 Rear Market*

15. FILED

MAY -9 1929 May C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-6-1929*

17. I HEREBY CERTIFY, That I attended deceased from *May 5*, 19*29* to *May 6*, 19*29* (that I last saw *her* alive on *May 5*, 19*29*, and that death occurred, on the date stated above, at *1:38 a.m.*)

THE CAUSE OF DEATH WAS AS FOLLOWS:

Gastric Carcinoma

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Joe. A. Racney* M. D.

. 19 (Address) *2620 Wash*

*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

Washington Park

DATE OF BURIAL

5-9-1929

20. UNDERTAKER

Peoples and Co.

ADDRESS

3190 Franklin

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.

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29
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1501

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