JUL 25 1929

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

Do not use this space. 21298

1. PLACE OF DEATH

County Howard, Registration District No. 378 File No.

Township ~~Fayette,~~ Primary Registration District No. 4222 Registered No. 43

City Fayette (No. St. Ward)

2. FULL NAME Laura Lee Barbee,

(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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) II/30/1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	28	

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) Kentucky,

PARENTS
10. NAME OF FATHER James McIntoir,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs L. R Cochran
(Address) Fayette, Mo.

15. FILED 6/30 1929 V. O. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/28/29 19

17. I HEREBY CERTIFY, That I attended deceased from May-15, 1929, to June-27, 1929 that I last saw her alive on June 27, 1929, and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: General Edema 12,4 B

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of Liver

(duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Pending

(Signed) J. G. Richards, M. D

, 19 (Address) Fayette 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 Louisina, 6/29 1929 DATE OF BURIAL 19

20. UNDERTAKER T. Halley Fayet e, ADDRESS

WHITE 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.