

AUG 22 1929

11 6 9
2 8 2
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.

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

Do not use this space.

23872

1. PLACE OF DEATH

County Buchanan Registration District No. 1001 File No. _____
Township _____ Primary Registration District No. _____ Registered No. 864
City St. Joseph (No. State Hosp. #2) St. _____ Ward _____

2. FULL NAME Sarah J. Barnette

(a) Residence. No. State Hosp #2 St. A2 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. 2 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. A. Barnette
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 | 2 | 13 | _____

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) Pittsburg
(STATE OR COUNTRY) Pa.

10. NAME OF FATHER William McCurdy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Thomas A. Burnett
(Address) 521 E. Main St.

15. FILED 19 1929
John G. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17, 1929
17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to July 17, 1929
that I last saw her alive on July 17, 1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
97 A
77
(duration) _____ yrs. mos. 1 da.
CONTRIBUTORY arteriosclerosis
(SECONDARY) (duration) 1 yrs. mos. da.

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
(Signed) B. G. Prineas, M. D.
7-17, 1929 (Address) State Hosp #2 St. Joseph

*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 J. O. St. Cem. DATE OF BURIAL 7-19 1929

20. UMBERTAKER Fred D. Clark ADDRESS 505 King Hill

