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

Do not use this space.

33578

1. PLACE OF DEATH
County Hickory — Registration District No. 359 — File No.
Township — Primary Registration District No. 4212 — Registered No. 9
City Weaubleau Mo (No. ..... St. ..... Ward)

2. FULL NAME Mary J Barnes
(a) Residence. No. Weaubleau, Mo 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-27-1856

7. AGE: YEARS 73 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Unknown

PARENTS
10. NAME OF FATHER: Ben Terry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Rachel Abbott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs Perry Brown
(Address) Weaubleau Mo

15. FILED 10/31, 1929 Mrs. S. C. Gentry REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1929 to Oct. 30, 1929 that I last saw her alive on October 30, 1929 and that death occurred, on the date stated above, at 3 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute indigestion
82D
11RC
75A (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY)
Hemispezia (duration) ..... yrs. ..... mos. 4 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? None
(Signed) W. C. Gentry, M. D.
, 19 (Address) Weaubleau 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: Weaubleau, Mo — DATE OF BURIAL: Nov 1 1929

20. UNDERTAKER: J R Luckey — ADDRESS: Wheatland 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.

NOV 25 1929