

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

Do not use this space.

Dr. Perry

62

File No. _____
Registered No. 1
St. _____ Ward _____

1. PLACE OF DEATH

County Andrain Registration District No. 951
Township Wilson Primary Registration District No. 503705
City Andrain No. 1

2. FULL NAME

Mrs. Hattie Virginia Barnes

(a) Residence, No. _____ St. _____ Ward _____

(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. (If nonresident, give city or town and State)

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

Judge Baker Barnes

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

Jan 24 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

60

11

14

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)

Andrain Co.

10. NAME OF FATHER

Alfred H. Canterbury

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Marion Co. Mo.

12. MAIDEN NAME OF MOTHER

Malissa A. Phell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Genoa

14. INFORMANT

(Address)

Judge Baker Barnes
Andrain Mo.

15. FILED

1930

W. H. Perry

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 8th 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1929, to Jan 8, 1930, that I last saw her alive on Jan 8, 1930, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach and possibly liver

100%

(duration) Several yrs. mos. ds.

13.5%

CONTRIBUTORY (SECONDARY)

Chronic Bronchitis and

Leptitis

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms

(Signed) W. H. Perry, M. D.

, 19 (Address) Andrain 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

DATE OF BURIAL

Elmwood (Mexico Mo.)

Jan 9 - 1930

20. UNDERTAKER

ADDRESS

Mrs. Phell Barnes

Mexico Mo.

