

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.

Dr. J. M. J.

3957

File No. _____
 Registered No. 24
 St. _____ Ward _____

1. PLACE OF DEATH

County Andrew
 Township South-Prater
 City Mexico Mo.

Registration District No. 26
 Primary Registration District No. 3002

2. FULL NAME

Margaret Virginia Barrett
 (a) Residence. No. 1120 E. R.R. St. St. 4th Ward 1
 (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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 27-1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>13</u>	<u>5</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Edd Barrett

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

12. MAIDEN NAME OF MOTHER Jenny Pace

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

14. INFORMANT Edd Barrett
 (Address) 1120 E. R.R. St. Mexico Mo.

15. Feb 11th 1930 Ira S. Milligan
 FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1928 to Feb 9 1930
 that I last saw her alive on Feb 9 1930 and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Chronic endocarditis
about 2 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) William Ford M. D.

, 19 (Address) Mexico 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 Elevated - Mexico Mo. DATE OF BURIAL Feb 12 - 1930

20. UNDERTAKER Mrs. Pheasant Bros. ADDRESS Mexico Mo.

