

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.

12009

1. PLACE OF DEATH

County Cedar  
Township Benton  
City (No)

Registration District No. 164  
Primary Registration District No. 5229

File No. 81  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Julia Ann 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>OCT 11-1854</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>5</u>
		29
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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)	<u>Dayo</u> <u>Lova</u>
10. NAME OF FATHER	<u>John A. Owens</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Indiana</u>
12. MAIDEN NAME OF MOTHER	<u>Marcy Gibbs</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u>

14. INFORMANT (Address)	<u>W T Barnes</u> <u>Wish Mo</u>
15. FILED	<u>4-13-1930</u> <u>J. M. Davis</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18-1930  
17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1928, to Apr 10, 1930, that I last saw her alive on Feb 15, 1928, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy - cerebral thrombosis  
82 P

CONTRIBUTORY (SECONDARY) 7401  
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) J. W. Dawson, M. D.

4-11-1930 (Address) Morado Spgs 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 <u>Walnut Grove</u>	DATE OF BURIAL <u>4-11-1930</u>
20. UNDERTAKER <u>J. B. Bennett &amp; Son</u>	ADDRESS <u>Sheldon</u>

