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

Do not use this space.

File No. 15556

Registered No. 18

1. PLACE OF DEATH
County: Carroll — Registration District No. 138
Township: — Primary Registration District No. 4078
City: Norborne (No. ..., ... St. ... Ward)

2. FULL NAME: Mildred Abigail Barnes

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 1, 1854

7. AGE: Years 76 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN): Lafayette Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Thomas Barrett White
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Richmond
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Ann Elizabeth Hodges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Norfolk
(STATE OR COUNTRY): Virginia

14. INFORMANT: Margaret Barnes
(Address): Norborne, Mo.

15. FILED June 1, 1930. E. H. Musson M.D. Registrar
by M. E. A.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 30 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1930, to May 30, 1930 that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
PSC

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...

... (duration) ... yrs. ... mos. ... 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? Clinical

(Signed) E. H. Musson, M. D
June 1, 1930 (Address) Norborne, 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: Fairhaven Cem. — DATE OF BURIAL: June 1 1930

20. UNDERTAKER: N. T. Stroud — ADDRESS: Norborne, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.