

MAY 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County

Taney

Registration District No.

859

Township

Parsauon

Primary Registration District No.

6128

City

Parsauon

(No. _____)

File No.

18360

Registered No.

St.

Ward)

2. FULL NAME

Edna A Barnes

(a) Residence, No.

Parsauon

St. Mo. 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Joseph Barnes

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

May 3 - 1872

7. AGE

68

YEARS

MONTHS

X

DAYS

6

IF LESS than 1 day, _____ hrs. _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

New Boston Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Am Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Eng. Howard Clark

12. MAIDEN NAME OF MOTHER

Mary Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

Joe Barnes

(Address)

Parsauon Mo

15.

FILED

4/8 1930

P. Thonhies -

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

May 8 1930

17.

I HEREBY CERTIFY, That I attended deceased from
April 9, 1930 to May 8, 1930
that I last saw him alive on May 8, 1930 and that
death occurred, on the date stated above, at 10.45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Complete exhaustion
dueto general break

Cerebral Epilepsy +
Paralysis (duration) yrs mos ds

CONTRIBUTORY (SECONDARY)

(duration) yrs mos ds

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Independence Mo

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

no

WHAT TEST CONFIRMED DIAGNOSIS

observation
Spier Richmond M.D.

(Signed)

, 19

(Address)

Parsauon 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

Independence Mo

May 10 1930

20. UNDERTAKER

ADDRESS

Rowhulchul

Parsauon

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.

1950