

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

Do not use this space.

23986

1. PLACE OF DEATH

County Ray
Township Amelia
City Nea Amelia (No. _____)

Registration District No. 743
Primary Registration District No. 5978

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Allie Martha Rosa Barr

(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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-21-1928</u>					
7. AGE	YEARS	MONTHS	DAYS ?	If LESS than 1 day, _____ hr. or _____ min.	
	<u>2</u>	<u>2</u>	<u>18</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) <u>Laura</u> (STATE OR COUNTRY) <u>Ray Co Mo</u>					
PARENTS	10. NAME OF FATHER <u>Levi Barr</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Clinton</u> (STATE OR COUNTRY) <u>Mo</u>				
	12. MAIDEN NAME OF MOTHER <u>Allie Ann Pruitt</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)				
14. INFORMANT <u>Mrs Allie Barr</u> (Address) <u>Amelia Mo</u>					
15. FILED <u>Aug 1 1930</u> <u>L. E. Ellis</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-9 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-7 1930, to 7-9 1930 that I last saw her alive on 7-9 1930, and that death occurred, on the date stated above, at 7:30 P m.

79A THE CAUSE OF DEATH* WAS AS FOLLOWS:
120B
Enteric-Catarrh of
Cerebral Mucosities-
(Not Epidemic) duration yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 114 B
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Post Sheet
(Signed) _____ M. D.
Orion Mo (Address)

*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>Union Church</u>	DATE OF BURIAL <u>7-10 1930</u>
20. UNDERTAKER <u>Ch. Libron</u>	ADDRESS <u>Amelia Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1930

