

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.

OCT 28 1930

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

Do not use this space.

26145

1. PLACE OF DEATH

County cedar
Township cedar
City cedar (No. 166)

Registration District No. 166
Primary Registration District No. 5232

File No. 26145
Registered No. 26145
St. cedar Ward 1

2. FULL NAME

Josephine Barnes

(a) Residence No. 166 St. cedar Ward 1
(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

Female

4. COLOR OR RACE

white

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

married

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

Edd Barnes

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

May 12 - 1873

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

37

3

14

8. OCCUPATION OF DECEASED

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

free bar

(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)

PARENTS

10. NAME OF FATHER

John Buckler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Den

12. MAIDEN NAME OF MOTHER

unmarried

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

1

14.

INFORMANT

E. A. Barnes

(Address)

511 Spruce Ave N.E. C. Bno.

15.

FILED

8-27-1930

H. A. Simrell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1930

17.

I HEREBY CERTIFY, That I attended deceased from

1930, to 1930, and that I last saw him alive on 1930, and that death occurred, on the date stated above, at 723 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS

Cerebral Hemorrhage, Glycemia

No physician in attendance

82 Hr (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

74 Hr (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Dawson, M. D.

827 1930 (Address) El Prado Spgs

*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

Cremation

Aug 29 1930

20. UNDERTAKER

ADDRESS

J. H. Napier
El Prado Spgs

1500