

SEP 25 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27149

1. PLACE OF DEATH

County FrankRegistration District No. 443Township LyonsPrimary Registration District No. 5610BCity Lyons (No. 1)File No. 27149Registered No. 27149St. Mo. Ward 1

2. FULL NAME

Mrs. Rebekah Barnhill(a) Residence. No. 1 St. Mo. 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. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write in words)

married

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

John B. Barnhill

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

4/18-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

58316

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Housewife

(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)

Frank Co. Mo.

10. NAME OF FATHER

Geo. Prosser

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Frank

12. MAIDEN NAME OF MOTHER

Rebekah Prosser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14.

INFORMANT

(Address)

Florence Parrish
Hammond, Mo.

15.

FILED

5/7, 1930 A. A. Seidel

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug. 4 1930

17.

I HEREBY CERTIFY, That I attended deceased from

July 3, 1930 to Aug 4, 1930that I last saw him alive on Aug 7, 1930, and thatdeath occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
of mitral valve of heart
by phthisis mellitus
(duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY

(SECONDARY)

Septic Pneumonia
(duration) yrs. 6 mos. 4 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) J. A. Schmitz, M. D.9/5, 1930 (Address) Hammond, 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

Hammond Cemetery8/5 1930

20. UNDERTAKER

ADDRESS

G. B. Easley Jr.HammondMo.

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.

