

SEP 25 1930

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

Do not use this space.

27293

1. PLACE OF DEATH

County Marion  
Township Mason  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3029  
(No. Severing Hospital)

File No. ....  
Registered No. 307  
St. .... Ward)

2. FULL NAME

(a) Residence. No. 7 St. Stoutsville Mo. Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 2 ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 8 - 1927</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>9</u>
		DAYS
		<u>5</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>at home</u>		
(b) General nature of industry, business, or establishment in which employed (or employer). <u>" "</u>		
(c) Name of employer. <u>" "</u>		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

PARENTS	10. NAME OF FATHER <u>Ralph Barr</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co. Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Irene Balliet</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co. Mo.</u>

14. INFORMANT Ralph Barr  
(Address) Stoutsville Mo. R. 1.  
13 FILED 14 30 C. Cousins REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 - 1930  
17. I HEREBY CERTIFY, That I attended deceased for  
about 6 months  
that I last saw her alive on Aug - 12<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 4:30: P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General Debility - No Congenital Defect - Some anaemia - Extensive Pickets  
(duration) .... yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED 63 11B  
IF NOT AT PLACE OF DEATH 88  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1930  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical + Laboratory  
(Signed) J. E. Sulzman, M. D.  
8/13, 1930 (Address) Hannibal 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 St. Jude Cemetery Monroe Co. Mo. DATE OF BURIAL 8-14-1930  
20. UNDERTAKER W. Schwaner ADDRESS Hannibal Mo.

K. 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.

