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

Do not use this space.

28842

PLACE OF DEATH

County Shannon — Registration District No. 823 — File No.

Township ~~Winona~~ — Primary Registration District No. ~~6074~~ 4498 — Registered No.

City Winona (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Barrett

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 13 1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	91	4	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carsville
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Wait Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Wait Know

12. MAIDEN NAME OF MOTHER Wait Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Wait Know

14. INFORMANT W S N Redwine
(Address) Winona Mo

15. FILED 8-29, 1930 Mabel Boehm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 19.., to Aug 27, 1930 that I last saw her alive on Aug 27, 1930, and that death occurred, on the date stated above, at 6 o'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy

82A

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 74A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) S J Chenoweth, M. D.
Aug 29, 1930 (Address) Winona 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
Winona Cemetery	8-29 1930
20. UNDERTAKER	ADDRESS
[illegible]	—

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.