

OCT 29 1930

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

Do not use this space.

30418

1. PLACE OF DEATH

County Laclede  
Township Belford  
City Boyer (No. \_\_\_\_\_)

Registration District No. 491  
Primary Registration District No. B-C-54

File No. \_\_\_\_\_  
Registered No. 39  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Tennessee Page

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 9 28 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lynch Co  
(STATE OR COUNTRY) \_\_\_\_\_

PARENTS

10. NAME OF FATHER Willie Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Barnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT (Address) Fred Page

15. FILED 9/29 30 W. B. Smith  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1930, to Sept 28, 1930, that I last saw him alive on Sept 27, 1930, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris

944  
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

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 Clinical symptoms  
(Signed) W. B. Smith, M. D.

, 19 (Address) Boyer 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 Sulphur Lake DATE OF BURIAL 9-29 1930

20. UNDERTAKER Kemper Bros ADDRESS Boyer Mo

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.

