

33
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.

NOV 22 1930

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

Do not use this space.

32509

1. PLACE OF DEATH

County Deer
Township Spring Creek
City (No.)

Registration District No. 266
Primary Registration District No. 8-370

File No.
Registered No. 15-0
St. Ward

2. FULL NAME

(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)

Mrs America Ann Barnes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Joe Barnes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 8 12

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) Cole Co.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cole Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Margaret Bay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cole Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mr. Joe Barnes
(Address) Salem Mo.

15. FILED 11/17 1930 H.E. Rudd, W. H.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/20 1930

17. I HEREBY CERTIFY. That I attended deceased from 4/1/30 to 10/20 1930
that I last saw her alive on 10/15 at 6 P.M., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
44 E
124 E
(duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual Physical with Lab.
(Signed) W.E. Rudd, M.D.

10/21 1930 (Address) Salem, 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

Barn Cemetery 10/21 1930

20. UNDERTAKER

ADDRESS

Chas. H. Spencer Salem, Mo.

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properly classified. Each source of

information should be of

importance. Each source should state