

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.

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

Do not use this space.

NOV 26 1930
1. PLACE OF DEATH
County Butte Registration District No. 668
Township Sudania Primary Registration District No. 30321
City Sudania (No. 1309, So Lamin St. 2071 Ward)
2. FULL NAME Annietta Barnett
(a) Residence. No. 1309 So Lamin St. (If nonresident, give city or town and State)
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 <u>J</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ira Barnett</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 5 1877</u>		
7. AGE <u>53</u>	YEARS <u>9</u>	MONTHS <u>12</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Warsaw</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Wm Thomas</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unk.</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>unk.</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unk.</u> (STATE OR COUNTRY)	

14. INFORMANT Ira Barnett
(Address) Sudania Mo
15. FILED 10-20-30 J. J. Love REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1930 to Oct 18 1930
that I last saw her alive on Oct 18 1930 and that death occurred, on the date stated above, at 8:40 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
131
82A
102 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Hypertension
Nephritis (duration) 6 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? Urinalysis
(Signed) Carl Rokling, M. D.
Oct 20 1930 Address Sudania 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 Mun. Park DATE OF BURIAL 10/19 1930
20. UNDERTAKER Gallup ADDRESS Sudania

