NOV 28 1930

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

Do not use this space.

33967

1. PLACE OF DEATH
County Ste Genevieve
Township Union
City (No. , St. Ward)

Registration District No. 934
Primary Registration District No. 6026

File No.
Registered No. 10

2. FULL NAME Mrs Evangeline Barnes
(a) Residence. No. St., Ward.
(Usual place of abode) (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: Female
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: Not Known

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 3 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	1	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) (STATE OR COUNTRY): Ste Genevieve Co Mo

PARENTS
10. NAME OF FATHER: A. L. Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Harriett Freeman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT: Richard W. Barnes
(Address) R 5 Farmington Mo

15. FILED 10-30-1930 Wm A Kotte REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to Oct 15, 1930, that I last saw her alive on Oct 14, 1930, and that death occurred, on the date stated above, at 3 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
100
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1010
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Ovine
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R Appleberry, M. D.
Oct 20, 1930 (Address) Farmington 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: Genevieve Cemetery near Millers Switch
DATE OF BURIAL: 10/17 1930

20. UNDERTAKER: Neidert Und Co
ADDRESS: Tyton Mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.