

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.

1. PLACE OF DEATH

County Wayne
Township Cowan
City (No.)

Registration District No. 897
Primary Registration District No. 6194

File No. 38369-A
Registered No.
St. Ward

2. FULL NAME

Florence Caroline Barrett
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 William A. Barrett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 17 17 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(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) North Carolina

10. NAME OF FATHER

Wain Hefner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER

Elisha Hope

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Catahba Co. N. C.

14.

INFORMANT Charles F. Barrett
(Address) Grassy, Mo.

15.

FILED NOV 27 1930 J. F. Paulsen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1930, to Nov 22 1930, (that I last saw him alive on Nov 16 1930, and that death occurred, on the date stated above, at 5:30 A. M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Regurgitation

CONTRIBUTORY (SECONDARY)

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?

(Signed) Adams J. Wagner, M. D.

11-23, 1930 (Address) Gravelton, 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

Lowndes Cemetery

Nov 23, 1930

20. UNDERTAKER

ADDRESS

A Neighbor

