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.

25 1931

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

6099

1. PLACE OF DEATH
County Johnson — Registration District No. 431 — File No.
Township Centerview — Primary Registration District No. 5589 — Registered No.
City (No. St. Ward)

2. FULL NAME Grace Josephine Barlow.
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Barlow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30. 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	10	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER J. W. Wiley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT C. M. Barlow
(Address) Holden Mo.

15. FILED Mar 2, 1931 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, 19, to Feb 26 1931, 19 that I last saw er alive on Feb 26 1931, 19, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A
10A
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. L. Bills, M. D.
, 19 (Address) Magnolia, 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 Holden Cemetery — DATE OF BURIAL Feb 28 1931

20. UNDERTAKER T W Goodman — ADDRESS Holden Mo.