

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.

JUN 27 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15208

1. PLACE OF DEATH *Butts*
 County *Butts* Registration District No. *668*
 Township *Idalia* Primary Registration District No. *3032*
 City *Idalia* (No. *322 N. Stewart*) St. *Idalia* Ward *141*

2. FULL NAME *Jennie M. Barriek*
 (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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 19-1887*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>74</i>	<i>3</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

13. NAME *Ruben Ramsey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

15. MAIDEN NAME *Elizabeth Elliott*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

17. INFORMANT *E. Barriek* (ADDRESS) *Idalia mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Idalia mo* DATE *April 23, 1931*

19. UNDERTAKER *Frederick J. Love* (ADDRESS) *Idalia mo*

20. FILED *5-4*, 1931 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 21, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 1929* to *April 21, 1931*

I last saw her alive on *April 21, 1931* Death is said to have occurred on the date stated above, at *5 PM*.

The principal cause of death and related causes of importance were as follows:
Cardiovascular renal syndrome
131
197
Arteriosclerosis
Thrombosis

Other contributory causes of importance: _____

Name of operation *None* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *mo*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury *✓*
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *mo*
 If so, specify _____
 (Signed) *E. Barriek*, M. D.
 (Address) *Idalia mo*

