

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

Do not use this space.

26811

1. PLACE OF DEATH,

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Barnes Hospital**)

File No.....
Registered No. **8007**
St..... Ward.....

2. FULL NAME

Mary Susan Barnhart
(a) Residence. No. **58107 Barbmer** St., **5** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 23, 1890**

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

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

PARENTS
10. NAME OF FATHER **Carry L. Barnhart**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Weston Mo**
12. MAIDEN NAME OF MOTHER **Nancy Woodson**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Michalsville Ky.**

14. INFORMANT **F. L. Barnhart**
(Address) **Barnhart Mo**

15. FILED **20** 1931 **Miss Estar** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jul 10 1931** 19
17. **No Physician Attending**
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at **11:35 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns (2^d & 3^d degree)
received when clothing became ignited while performing rubber at Barnhart, Mo. (duration)..... yrs..... mos..... ds.

CONTRIBUTORY **Accident**
(SECONDARY) **(no burning building)** (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **John R. ...** M. D.
7/30, 1931 (Address) **St. Louis**

*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 **Bellefontain Cem** DATE OF BURIAL **7/21 1931**

20. UNDERTAKER **Alexander & Sons** ADDRESS **6175 Delmar**

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.

