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.

SEP 21 1931

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

Do not use this space.

File No. 27591

Registered No. 901

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St Joseph (No. 2613 Monterey St. Ward)

2. FULL NAME: Louisa Hattiett Barnes

(a) Residence, No. 2613 Monterey St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George F Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 21, 1846

7. AGE: Years 85 | Months 6 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not occupied

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): Blooming Grove New York

FATHER

13. NAME: John Holmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER

15. MAIDEN NAME: Bridgett Duffey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT: Mrs. Florence Paradise
(ADDRESS) 2613 Monterey St.-St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet-St. Joseph DATE Sept. 2, 1931

19. UNDERTAKER: H. O. Sidenfaden
(ADDRESS) 1802 Union st.-St Joseph Missouri.

20. FILED 8-31-31, 19.... John R. Bandeen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1931, to 8-29, 1931.

I last saw h...er alive on 8-29, 1931. Death is said to have occurred on the date stated above, at 2:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	8-25-31
1 day	
100°	
9.30	

Other contributory causes of importance:
CO Hypocondria
Cafferoacclerosis

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19....
Where did injury occur? V
(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?
If so, specify:

(Signed) C. E. Branson, M. D.
(Address) 1011½ W Mo Ave