

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

Do not use this space.

27615

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff, Missouri

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 169
St. _____ Ward) _____

2. FULL NAME Cora Blanche Barrow

(a) Residence, No. Greenville, Missouri St. _____ Ward. _____

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 8

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

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) Greenville, Missouri

FATHER 13. NAME James E. Wynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Missouri

MOTHER 15. MAIDEN NAME Nancy Jane Harries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson, Missouri

17. INFORMANT George T. Barrow
(ADDRESS) Greenville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE Aug 14th 1931

19. UNDERTAKER Greer Undertaking Company
(ADDRESS) Poplar Bluff, Missouri

20. FILED Aug 12 1931 B. J. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12 1931

22. HEREBY CERTIFY, That I attended deceased from Aug 6 1931, to Aug 12 1931
I last saw her alive on Aug 12 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:

Carcinoma of liver. Date of onset 5/15/31

Other contributory causes of importance: None

Name of operation Exploratory Date of Aug 7-31
What test confirmed diagnosis? _____ 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 _____, 1931

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? No
If so, specify _____

(Signed) W. L. Dransberry M. D.
(Address) Poplar Bluff, Mo.

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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5-11-15