

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

Do not fill in this space.

40432  
~~40342~~

**1. PLACE OF DEATH**

County Clay  
 Township Ballatin  
 City Barry (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 197  
 Primary Registration District No. 5276

File No. \_\_\_\_\_  
 Registered No. 72

**2. FULL NAME**

Susan Francis Barrett

(a) Residence, No. Barry Mo. 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF William S. Barrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 6 29

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

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) Tenn.

13. NAME Buran Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Margaria

15. MAIDEN NAME Eliza Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Margaria

17. INFORMANT (ADDRESS) Wm. S. Barrett Barry Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Artel Kansas DATE 12/19 1921

19. UNDERTAKER (ADDRESS) Montgomery Co

20. FILED Dec 19 1921 RR 999 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/ 1921

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1921, to Dec 17, 1921. I last saw him alive on Dec 17, 1921. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Myocarditis  
Carcinoma Stomach  
46 B

Date of onset Mar

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chinical Was there an autopsy? \_\_\_\_\_

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? no

If so, specify \_\_\_\_\_

(Signed) G. P. Atton M. D.  
 (Address) Eastland Mo.

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.

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