

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

Do not use this space.

284

1. PLACE OF DEATH
 12 County BUTLER Registration District No. 89
 2 Township Primary Registration District No. 3007
 7 City Poplar Bluff (No., St. Ward

2. FULL NAME MINNIE ALICE BARNHOUSE
 (a) Residence, No. 116 VINE St. Ward

(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.

File No.
 Registered No. 14
 St. Ward

FEB 29 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>42</u>	<u>6</u>	<u>6</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Int. Sterling Ky

FATHER

13. NAME Otto F. Grentzel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Ill.

MOTHER

15. MAIDEN NAME Grace Wallan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadiz Ky.

17. INFORMANT Mrs. O. F. Grentzel (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE city DATE 1-20 1932

19. UNDERTAKER Frank Wood Co. (ADDRESS) Poplar Bluff Mo.

20. FILED Jan 20 1932 R. J. Cling Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 1932 to Jan. 19 1932
 I last saw her alive on Jan 19 1932. Death is said to have occurred on the date stated above, at 2:15 A.M.
 The principal cause of death and related causes of importance were as follows:

<u>Post operative shock following operation for gallstones</u>	Date of onset <u>none</u>
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Other contributory causes of importance: none / 206

1 Cholecystotomy Name of operation Cholecystotomy Date of Jan 18 1932
 What test confirmed diagnosis? Operation Was there an autopsy? No

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 1
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) J. W. McPheters, M. D.
 (Address) Poplar Bluff Mo.
By Ruth McPherson

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.

7-10-19