

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.

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

Do not use this space.

6553

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 12133
City..... (No. 960 Beach) St. 5 Ward.

File No.....
Registered No. 1625 St. 5 Ward

2. FULL NAME

Frances Barr
(a) Residence, No. 760 Beach St., 5 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Barr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-25-1888</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>1</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min. <u>235</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Henderson County Kentucky</u>		
FATHER	13. NAME <u>David Cheaten</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>	
MOTHER	15. MAIDEN NAME <u>Celia Caldwell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ky</u>	
17. INFORMANT <u>Fred Barr</u> (ADDRESS) <u>960 Beach</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>2-19</u> 19 <u>32</u>		
19. UNDERTAKER <u>W.A.S. O'Neil</u> (ADDRESS) <u>2769 Shoups Ave</u>		
20. FILED <u>18 1932</u> <u>Wm C Starck</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1932

22. I HEREBY CERTIFY that I attended deceased from 2, 9, 1932 to 2, 15, 1932, 1932.
I last saw him alive on 2, 15, 1932, 1932. Death is said to have occurred on the date stated above, at 12:00 a.m.
The principal cause of death and related causes of importance were as follows:
Mitral Inefficiency Date of onset 131 92A
131
92A
Other contributory causes of importance: Chronic interstitial nephritis

23. If death was due to external causes (violence), fill in also the following:
Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) Wm C Starck, M. D.
(Address) 4452 Hemery

