

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

Do not use this space.

9753

**1. PLACE OF DEATH**

91 County Cape Girardeau Registration District No. 750 File No. 11079  
 Township Carroll River Primary Registration District No. 5986 Registered No. 11079  
 City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah Elizabeth Barnes  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 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>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andy Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-3-1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>7</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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 <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>		
FATHER	13. NAME <u>Yancey Patterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee 2</u>	
MOTHER	15. MAIDEN NAME <u>Nancy A. Dillings</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Cleveland Stanley</u> (ADDRESS) <u>Hopkins Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge Cem</u> DATE <u>3-4-32</u>		
19. UNDERTAKER <u>J. J. ...</u> (ADDRESS) _____		
20. FILED <u>3-4-1932</u> <u>W. L. Johnston</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

2. I HEREBY CERTIFY, That I attended deceased from 1-30, 1932, to month 1, 1932  
 I last saw h. er alive on month 1, 1932. Death is said to have occurred on the date stated above, at 2:00 P.  
 The principal cause of death and related causes of importance were as follows:

820

Other contributory causes of importance:  
Cerebral Hemorrhage 11/30/31

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? no 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 (D)  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Clifford Dofort, M. D.  
 (Address) Hopkins Mo.

MARCO RESERVED FOR BINDING

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.

APR 8 1932

