

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

Do not use this space.

13255

**1. PLACE OF DEATH**

65 County Merced  
2 Township  
2 City Princeton (No. ....)

Registration District No. 556  
Primary Registration District No. 4328

File No. ....  
Registered No. 12  
St. .... Ward)

**2. FULL NAME**

Marion Jeanette 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 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
18 11 27

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Princeton Missouri  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Marion Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grady Mo  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Matilda Washburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Merced Mo  
(STATE OR COUNTRY) Mo

14. INFORMANT Matilda Washburn  
(Address) Princeton

15. FILED 4/29 1932 J. M. Parry  
REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1932  
17. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1932, to Apr 28, 1932 that I last saw him alive on Apr 28, 1932 and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Eclampsia - Purpural  
8 1/2 months gestation

146 146 (duration) yrs. mos. ds.  
140 130 (duration) yrs. mos. ds.  
CONTRIBUTORY acute Bright  
(SECONDARY)  disease (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)  
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. M. Parry, M. D.  
4/29 1932 (Address) Princeton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Princeton Cemetery DATE OF BURIAL 4 30 1932

20. UNDERTAKER Martin Funeral Home ADDRESS Princeton

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.

MAY 26 1932

