

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 28 1932

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

Do not use this space.

13320

1. PLACE OF DEATH

County Montgomery

Registration District No. 593

Township

Primary Registration District No. 4337

City Montgomery City Mo.

St. Ward

2. FULL NAME Mrs. Mollie E. Barley

(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 42 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

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

J.K. Barley

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

1/22/1846

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

86

2

10

OCCUPATION

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

House Wife

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)

Near Troy Missouri  
Lincoln County

FATHER

13. NAME

George W. Hardesty

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

Kentucky

MOTHER

15. MAIDEN NAME

Miss Taylor

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

Un Known

17. INFORMANT Miss Genevieve Barley  
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Montgomery C.C. DATE 4/3/32

19. UNDERTAKER C. W. Hopkins  
(ADDRESS) Montgomery City Mo

20. FILED 4-10 19 32

D. G. Beatty  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4/2/32 19 32

22. I HEREBY CERTIFY, That I attended deceased from  
several years 19 32 to Apr 2 19 32

I last saw her alive on Apr 1st 19 32 Death is said

to have occurred on the date stated above, at 4: A.m.

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

Mitral Stenosis

Date of onset

924  
92 A  
162

Other contributory causes of importance:

severe arterio-sclerosis

Name of operation

Date of

What test confirmed diagnosis? Clinical 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

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.W. Hopkins

M. D.

(Address) Montgomery City Mo

