

NOV 23 1932

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

Do not use this space.

28965

1. PLACE OF DEATH
38 County Henry Registration District No. 311
Township Boyle Primary Registration District No. 1430
City North (No.) St. Ward

2. FULL NAME Pauline Barber
(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 7 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1914

7. AGE YEARS 18 MONTHS 7 DAYS 13 If LESS than 1 day, ...hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244

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) Henry Co. Mo.

13. NAME Jasper Barber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.

15. MAIDEN NAME Pordelia Aikstein

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

17. INFORMANT Mr. J. McGinley (ADDRESS) Henry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagonville DATE 9-11 1932

19. UNDERTAKER Hayes Ch. New (ADDRESS) North, Mo.

20. FILED Oct 10, 1932 Mrs. C. J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1932

2. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932 to Sept 10, 1932

I last saw her dead 1932 Death is said to have occurred on the date stated above, at 10A. m.

The principal cause of death and related causes of importance were as follows:
Suicide by firearms Date of onset

Other contributory causes of importance: 167 167 ①

Name of operation None Date of

What test confirmed diagnosis? Chemist 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Robert J. New M. D.
(Signed) North, Mo. (Address)

