

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

Do not use this space.

31075
File No. _____
Registered No. **8840**
St. _____ Ward _____

1. PLACE OF DEATH

County..... Registration District No. **31**
Township..... Primary Registration District No. **003**
City **St. Louis** (No. **1611**, Lucas

2. FULL NAME Emma Barnett Joyce Waller

(a) Residence. No. 1611 Lucas St., 25 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 yrs. 10 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-20-1878				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hr. or min.
	53	10	10	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work Housework <i>295</i>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Madison Barnett</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>

14. INFORMANT Gale Barnett
(Address) 2746 Gamble St.

15. FILED OCT -4 1932 Map S. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1932
17. I HEREBY CERTIFY, That I attended deceased from April 27, 1932, to Sept 30, 1932, that I last saw h. or alive on Sept 30, 1932, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus
48 (duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) 48 (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH no. DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) Vincent J. Mueller, M. D.
X-4. 19 32 (Address) 2335 Franklin

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Greenwood Cemetery</u>	DATE OF BURIAL <u>10/4¹⁹ 32</u>
20. UNDERTAKER <u>C. W. Roberts</u>	ADDRESS <u>3035 Lucas</u>

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.

