

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

Do not use this space.

113 34594 a
10818 B B 10

1. PLACE OF DEATH

County North
Township Allen
City Denver (No. _____)

Registration District No. 905
Primary Registration District No. 6216

File No. 34594 a
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Elizabeth Jane 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 4 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3rd 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 3 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at-home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Denver (STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Martin

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

12. MAIDEN NAME OF MOTHER Mary Wiley

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

14. INFORMANT (Address) J. P. Bran
Denver, Mo.

15. FILE NO. 9 1933 REGISTRAR Mrs. Maye Long
Denver, Mo.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1932 to Oct 30, 1932 that I last saw him alive on Oct 30, 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver and Stomach.

CONTRIBUTORY (SECONDARY) 46 E (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physician Inspector
(Signed) Levius H. Long, M. D.
. 19 (Address) Denver Mo

*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 Miller Cemetery DATE OF BURIAL Oct. 31 1932

20. UNDERTAKER Bran Bros ADDRESS Denver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms. PHYSICIANS should state N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

