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

Do not use this space.

38319

1. PLACE OF DEATH
County: Barton
Township: Ozark
City: (No. St. Ward)
Registration District No.: 41
Primary Registration District No.: 5042
File No.:
Registered No.:

2. FULL NAME: America Ellen Backett
(a) Residence. No. Liberal Mo. 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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): W.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Wm Backett (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 24 1848

7. AGE: Years 84 Months 2 Days 15 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hs. wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Wm H Kennedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.
12. MAIDEN NAME OF MOTHER: Rebecca Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT: Robt Sweatt
(Address): Liberal Mo.

15. FILED 12/10, 1932. F.K. Spell REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 9th 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1932 to Dec. 9, 1932 that I last saw her alive on Dec. 8, 1932 and that death occurred, on the date stated above, at 1 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY): Flu. Senility
(duration) yrs. mos. 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? Physical Signs
(Signed) F.K. Spell, M. D.
, 19 (Address) Liberal 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: Barton City Cemetery
DATE OF BURIAL: Dec. 10 1932
20. UNDERTAKER: C.F. Kawantz
ADDRESS: Lamar Mo.

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.