

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.

JAN 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Bentley

Township

City Albany

(No. , ,)

Registration District No. 309Primary Registration District No. 4185File No. 39198Registered No. 56

St. ,

Ward

2. FULL NAME Julia Ann Bare

(a) Residence, No. ,

(Usual place of abode)

St. ,

Ward. ,

(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 female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wesley Bare6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 - 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

none

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) Trumble Co. Ky13. NAME John Rouner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trumble Co. Ky.15. MAIDEN NAME not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT A. J. Bare (ADDRESS) Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE GrandviewDATE Dec. 17 193219. UNDERTAKER S. M. Hays (ADDRESS) Bethany Mo.20. FILED Dec. 14 1932W. T. Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 193222. I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1932, to Dec 14th 1932I last saw her alive on Dec 14th 1932, Death is saidto have occurred on the date stated above, at 3 P. m.

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

Chronic Myocarditis

Date of onset

131 930/31

Other contributory causes of importance:

Chronic Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) W. T. Martin, M. D.(Address) Albany Mo

