

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

Do not use this space.

57
JAN 27 1933

40483

1. PLACE OF DEATH

County Lincoln
Township Hawk Point
City (No.)

Registration District No. 488
Primary Registration District No. 6365?

File No.
Registered No.
St. Ward

FULL NAME

Martha 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 27

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

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) Lincoln Mo

13. NAME Benjamin Kelly

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

15. MAIDEN NAME Amelia Barnes

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

17. INFORMANT (ADDRESS) Charles J Barnes
R 4 1/2 Waverly Mo

18. BURIAL, CREMATION OR REMOVAL PLACE DATE Troy 12/30 1932

19. UNDERTAKER (ADDRESS) W. H. Gibson
Waverly Mo

20. FILED 13/28 1933 W. H. Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 7 P.M.

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

Chronic Myocarditis
936
102
930 ①
Other contributory causes of importance:
Hypertension (Arterial)

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? no
If so, specify.....
(Signed) W. S. Harris M. D.
(Address) Troy, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RESERVED FOR BINDING

NO. 2.

