

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

Do not use this space.

1138

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township Clinton Mo

Primary Registration District No. 5488

City Clinton Mo

File No. 116

Registered No. 116

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Captivity Barry St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF T. A. Harris OR WIFE OF wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 10 1841

7. AGE YEARS 86 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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) Pisgah Mo (STATE OR COUNTRY)

13. NAME Gilbert Apperson

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

15. MAIDEN NAME Martha Berkeley

16. BIRTHPLACE (CITY OR TOWN) Clarkburg Va (STATE OR COUNTRY)

17. INFORMANT R. M. Apperson (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pisgah Mo DATE 2 - 3 33

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo

20. FILED 1-2 1933 Ed C. Peelor Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Jan 2 1933

I last saw him alive on Jan 1 1933. Death is said to have occurred on the date stated above, at 3:08 a.m.

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

Pneumonia following (Date of onset) _____

Flu

11 A

109 A

Other contributory causes of importance _____

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) E. R. Hampton, M. D.

(Address) Clinton Mo

JAN 23 1933

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.

