

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

Do not use this space.

1. PLACE OF DEATH

107 County Texas Registration District No. 867
Township Roubidoux Primary Registration District No. 6147
City _____ (No. _____) St. _____ Ward _____

File No. 8258
Registered No. 4

2. FULL NAME

Bolleen Anetha Barnhart

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1932
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 8 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Plato Mo

MOTHER / FATHER 13. NAME Becil Barnhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo
15. MAIDEN NAME Viola Ruth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

17. INFORMANT Becil Barnhart
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Tisgah DATE Feb 17 1933

19. UNDERTAKER (ADDRESS) Gaylord V Elliott

20. FILED 2-17 1933 R. B. Pilley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th 1933, to Feb 17 1933

I last saw her alive on Feb 16 1933. Death is said to have occurred on the date stated above, at 30A m.

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

Broncho Pneumonia Date of onset _____
1933
10707
1100
Other contributory causes of importance: Influenza

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 _____, 1933
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) Robt. B. Pilley, M. D.
(Address) Plato 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.

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

31 1933

