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.

APR 24 1933

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

Do not use this space.

10399

1. PLACE OF DEATH
69 County Monroe
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 580
Primary Registration District No. 5777

File No. .....
Registered No. 4

2. FULL NAME Allie 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/20/1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Boone Co. Mo.

FATHER

13. NAME James Conley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

MOTHER

15. MAIDEN NAME Pollie Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) Mrs Herb Barnes Centralia, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia Mo DATE 3/15 1933

19. UNDERTAKER (ADDRESS) Fred A. Thompson Madison Mo

20. FILED 3/13 1933 E C Kraske Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 & 13, 1933, to ....., 19....
I last saw her alive on Jan 13, 1933 Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
95C Apoplexy	Jan 10
82A 93C	

Other contributory causes of importance:
Myocardial Degeneration

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) A. L. Garrison M.D.
(Address) Centralia, Mo.