

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10719

1. PLACE OF DEATH

County RuhamRegistration District No. 723Township RichlandPrimary Registration District No. 3953City RichlandSt. Mo. Ward

2. FULL NAME

(a) Residence, No. Clara L. Barnett 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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tom Barnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 1850</u>		
7. AGE <u>72</u>	YEARS <u>4</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Work</u>		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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>J. L. Thompson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>A. Campbell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>L. F. Thompson, 2206</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL <u>buried</u>
	PLACE <u>Thompson</u> DATE <u>March 7</u>
MOTHER	19. UNDERTAKER (ADDRESS) <u>W. M. Hill</u>
	20. FILED <u>Mar 10 1933</u> <u>W. M. Hill</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 193322. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to March 5 1933I last saw him alive on March 1 1933. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Date of onset 9

Active sclerosis

9-7 9-7

Other contributory causes of importance:

Name of operation St. Date of What test confirmed diagnosis? St. 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 19Where 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. M. Hill M. D.(Address) W. M. Hill

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.

