

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

Do not use this space.

10719

**1. PLACE OF DEATH**

County Rutan  
Township Richland  
City No.

Registration District No. 723  
Primary Registration District No. 3953

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Clara L. Barnett

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1850

7. AGE YEARS 77 MONTHS 4 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Missouri

13. NAME J. L. Thompson

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

15. MAIDEN NAME A. Campbell

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

17. INFORMANT L. F. Thompson (ADDRESS) Unionville Mo. 6706

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson DATE March 7

19. UNDERTAKER (ADDRESS) F. D. Husted Unionville Mo.

20. FILED Mar 10 1933 W. M. Hill Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5. 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1933 to \_\_\_\_\_ 1933

I 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:

Arteriosclerosis  
97 97  
Other contributory causes of importance: \_\_\_\_\_

Date of onset 9

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) J. M. H. Hill, M. D.  
(Address) Unionville 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.

