

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.

MAY 22 1933

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

Do not use this space.

12111

1. PLACE OF DEATH
 2.4 County Clay Co. Registration District No. 198
 Township Primary Registration District No. 3011
 City Excelsior Springs (No.) St. Ward)
 2. FULL NAME Mary L. Barnes
 (a) Residence, No. 489 E. Broadway St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 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 W. L. Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 24

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) Clinton Co. Mo.

FATHER
 13. NAME John Eaton

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

MOTHER
 15. MAIDEN NAME Rennie Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wattsburg Mo.

17. INFORMANT (ADDRESS) C. R. Young, Wattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wattsburg DATE 5-2 1933

19. UNDERTAKER (ADDRESS) Wattsburg Mo.

20. FILED 4/30 19 33 J. D. Craven Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1933
 22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 30, 1933
 I last saw him alive on April 29, 1933. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis
Chronic interstitial nephritis
 Date of onset
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) W. J. Young, M. D.
 (Address) 601 S. 1st St. Excelsior

Dr W. J. James
101 South St.