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

Do not use this space.

14136

File No. .....

Registered No. 111

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH

County Pettis

Township .....

City Sedalia (No. ....., ... St. ..... Ward)

2. FULL NAME Luise Barner

(a) Residence, No. 301 E Morgan 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 Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) dont no

7. AGE Years 44 Months dontno Days dontno If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Mo

FATHER

13. NAME dontno

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

MOTHER

15. MAIDEN NAME dontno

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

17. INFORMANT John Smith
(ADDRESS) 301 E Morgan St Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE 4-19 1933

19. UNDERTAKER F. D. Ferguson
(ADDRESS) Sedalia Mo

20. FILED 4-19 1933 J. L. Love Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18- 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17-, 1933, to 4-18-, 1933

I last saw her alive on April, 1933. Death is said to have occurred on the date stated above, at 3 3/4 m.

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

	Date of onset
1 Gall Stones	
2 Congestive Pneumonia	
3	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

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. R. Allendorf, M. D.

(Address) 1162 W. Main

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

WRITE PLAINLY—WITH INDELIBLE INK—THIS IS A PERMANENT RECORD