

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.

AUG 20 1933

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

Do not use this space.

26994

1. PLACE OF DEATH
63 County Maries Registration District No. 543
Township Boone Primary Registration District No. 5743
City _____ (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. 4
St. _____ Ward)

2. FULL NAME Mary Hoskins Barnhart

(a) Residence, No. Meta No. St. _____ Ward. _____
(Usual place of abode)
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.
(If nonresident, give city or town and State)

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 Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9th, 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Henley (STATE OR COUNTRY) Missouri

13. NAME Henry Smith

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

15. MAIDEN NAME Elizabeth McCart

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

17. INFORMANT P. M. Hoskins (ADDRESS) Henley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Henley Cemetary DATE Aug. 14th, 1933

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED _____, 19 1933 Rosa Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12th, 1933 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Aug 12, 1933
Last saw her alive on Aug 10, 1933 Death is said to have occurred on the date stated above, at 1-30 AM.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Paralysis Left side
Other contributory causes of importance: 93
Date of onset

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) S. S. Barton M. D.
(Address) Meta

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