

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.

JAN 26 1934

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

Do not use this space.

40581
 115

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 461
 6 Township Delington Primary Registration District No. 3024
 4 City Delington (No. St. Ward)

2. FULL NAME Harriett Pritchard Barron
 (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

1 MEDICAL CERTIFICATE OF DEATH

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 OR (OR) WIFE OF C. H. Barron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1953

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 0 13

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) Lexington Mo. (STATE OR COUNTRY)

MOTHER FATHER
 13. NAME Edward R. Pritchard
 14. BIRTHPLACE (CITY OR TOWN) Baltimore Md. (STATE OR COUNTRY)

15. MAIDEN NAME Olga Chipman
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Betty Price 27th (ADDRESS) Lexington Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Delington Mo DATE Dec 28 1933
 19. UNDERTAKER Wm. Greger (ADDRESS) Delington Mo
 20. FILED Dec 27 1933 Jay Brill Bates Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Amr 2 to open 1933
 I last saw her alive on Dec 26 1933 Death is said to have occurred on the date stated above, at 4:15 m.
 The principal cause of death and related causes of importance were as follows:
Princ. anemia
 Date of onset

Other contributory causes of importance:
7/1/33
7/1/33

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 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) D. Taylor M. D.
 (Address) Delington Mo.

