

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

Do not use this space.

42299

1. PLACE OF DEATH

County Shelby
Township Wright
City Lawrence, Mo. (No. 6096)

Registration District No. 833

Primary Registration District No. 6096

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

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

Allie Barnett

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

August 24 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

4

9

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

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)

1932

11. Total time (years) spent in this occupation

life time

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

Mo

13. NAME

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

Seneca Wade, Barnet Kentucky

15. MAIDEN NAME

Mary Jane Kalls

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

Mo

17. INFORMANT (ADDRESS)

Mrs. Norris

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cherry Box

DATE 12/15

19. UNDERTAKER (ADDRESS)

Brothers + Imminger novelty shop

20. FILED

Dec 14

1933

E. J. Barnett

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 13

1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug 9

1930

to Dec 13

1933

I last saw her alive on Dec 13, 1933. Death is said

to have occurred on the date stated above, at 8:15 p.m.

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

Myelogenous Leukemia

Date of onset

Aug 1930

Other contributory causes of importance:

Pneumonia

Dec 11

Name of operation

lob. sect.

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) D. L. Simpson

M. D. C.

(Address) Bethel 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.

JAN 26 1934

