

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

Do not use this space.

3185

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **Barnes Hospital**)

File No. ....  
Registered No. **844**  
St. .... Ward)

**2. FULL NAME** Lais Irene Barnes

(a) Residence, No. .... St. N.R. Ward. Portageville Mo.  
(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 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jay Barnes  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-17-1882  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) 1 11. Total time (years) spent in this occupation

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

13. NAME George E. Butts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Ill.

15. MAIDEN NAME Sally Reno

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Ill.

17. INFORMANT Albert R. Butts  
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville Mo DATE Jan 26 1934

19. UNDERTAKER Albert H. Kopp  
(ADDRESS) 429 N. Lehigh

20. FILED 1934 J. Biedeck  
Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-1934  
22. I HEREBY CERTIFY, That I attended deceased from 1-15-1934 to 1-23-1934.  
I last saw her alive on 1-23-1934. Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Hypertension  
Hypertensive heart disease  
Atherosclerosis  
Cirrhosis of the liver  
Cardiac decompensation

Other contributory causes of importance:  
124 B  
124 B  
124 B  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 Shedell S. Scott, M. D.  
(Signed) Barnes Hosp  
(Address)

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.

FEB 27 1934

