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.

MAR 24 1934

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

Do not use this space.

File No. 4329

Registered No. 3

1. PLACE OF DEATH

County Clinton — Registration District No. 206

Township Lathrop — Primary Registration District No. 4124

City Lathrop (No. ..... St. ..... Ward)

2. FULL NAME Sarah Ellen Barnes

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## 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: Charles Wesley Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 1857

7. AGE: YEARS 82 — MONTHS 6 — DAYS ~~10~~ 9 — 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.

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Preston Gaines

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

MOTHER

15. MAIDEN NAME: Mary Duffow

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

17. INFORMANT (ADDRESS): J E Barnes Lathrop - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lathrop, Mo DATE 2-2 1934

19. UNDERTAKER (ADDRESS): Ile Moss Crunk Lathrop, Mo.

20. FILED 2-2-1934 E B Dunkeson Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 1932, to Jan 31, 1934

I last saw her alive on Jan 31st, 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.

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

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Jan 17-34 |

Other contributory causes of importance: Arteriosclerosis

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) J K Lobb D.O. M.D.

(Address) Lathrop Mo