

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.

1. PLACE OF DEATH

County St Louis Registration District No. 785
Township Bethel Primary Registration District No. 3037
City Hickwood (No. 711 So. Hickwood Road)

File No. 6312
Registered No. 64 St. _____ Ward _____

2. FULL NAME

Julia Barrow
(a) Residence, No. 711 So. Hickwood Rd 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ?
~~HUSBAND~~
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. seamstress
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) St Louis Mo

13. NAME Unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT Mrs A A Jekel
(ADDRESS) 711 So. Hickwood Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 3-2-1934

19. UNDERTAKER Louis H. Bopp
(ADDRESS) Hickwood

20. FILED 3-1 1934 Arabel T. Galt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1933, to 2-28, 1934
I last saw her alive on 2-25, 1934. Death is said to have occurred on the date stated above, at 3:00 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1932
arteriosclerosis
Other contributory causes of importance: _____

(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) E. B. Barred _____, M. D.
711 So. Hickwood Rd, Hickwood Mo

