Dr. Rodes

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

Do not use this space.

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No. 7684
Township Salt River — Primary Registration District No. 3002 — Registered No. 29
City Mexico, Mo. (No. .... St. .... Ward)

2. FULL NAME Marilyn Ragland Barclay
(a) Residence, No. 704 East Love St., 1st 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	3	4	2	

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo.

FATHER
13. NAME John F. Barclay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

MOTHER
15. MAIDEN NAME Alta Victor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT John F. Barclay
(ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo. DATE Mar. 5 - 1934

19. UNDERTAKER McPheeters Bros.
(ADDRESS) Mexico Mo.

20. FILED 3/5/ 1934 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1934, to March 4, 1934

I last saw her alive on March 4, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

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

Acute Bronchial cold with "Rhynnic Asthma" — Mch 4 1934

166
166
67
66

Other contributory causes of importance:
Myxedema with "thyroid" dysfunction

Name of operation no Date of
What test confirmed diagnosis? X Ray & Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) N R Rodes, M. D.
(Address) Mexico Mo

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.