

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. 7697
 Township Saldonia Primary Registration District No. 3002 Registered No. 43
 City Mexico (No. Audrain Hospital) St. _____ Ward _____

2. FULL NAME

Virginia Mae Barrett
 (a) Residence, No. 1925 W. Liberty St. 3 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 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) Mar. 8, 1925
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 - - 21

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

FATHER 13. NAME Stewart Barrett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo.

MOTHER 15. MAIDEN NAME Celia Mabus
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Santa Fe Mo.

17. INFORMANT (ADDRESS) Stewart Barrett
Audrain Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Mexico DATE Mar. 31 1934

19. UNDERTAKER (ADDRESS) H. A. Pugh & Son
Mexico Mo.

20. FILED 3/31 1934 Blanche Keely
 Registrar

MEDICAL CERTIFICATE OF DEATH

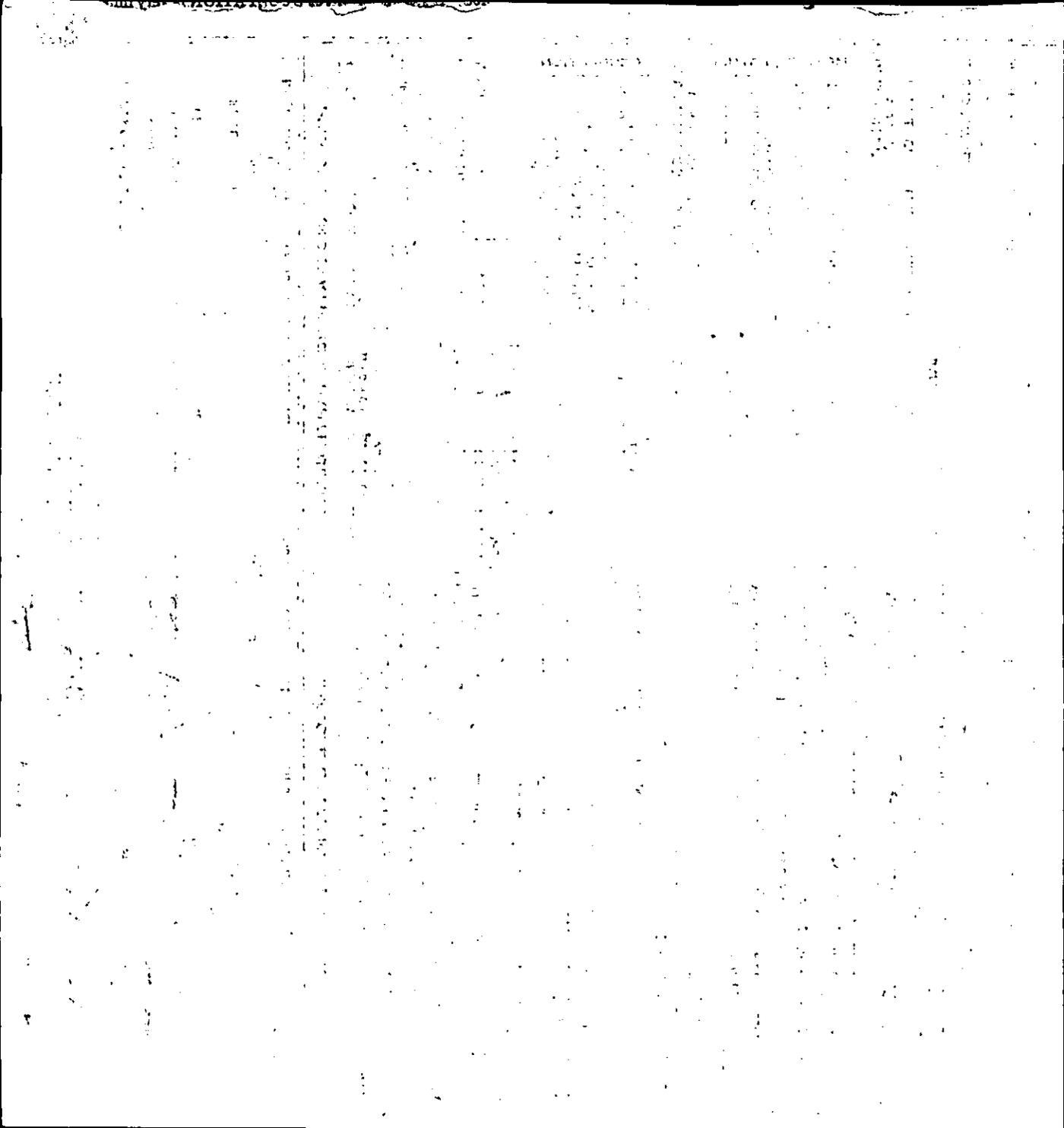
21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1934
 22. I HEREBY CERTIFY, That I attended deceased from March 28 1934, to March 29 1934
 I last saw her alive on March 29 6 PM 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Tetanus
 Date of onset March 26
 Other contributory causes of importance: _____

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) Roll T. Berry, M. D.
 (Address) Mexico Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Andrew
Township.....
City..... Warrensburg (No. St. Ward)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No.

2. FULL NAME

Virginia Mary Garrett

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

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

to, 19.....
I last saw h. alive on, 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8, 1875

to have occurred on the date stated above, at, m.

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

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

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

Other contributory causes of importance:

Retained
fell on side walk
causing an abrasion
on knee. Symptoms of
Saturnus to appear 10 days later

Date of onset

Mar
26-34

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

Name of operation..... Date of

13. NAME

What test confirmed diagnosis? Cholera Was there an autopsy? no

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

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)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....

17. INFORMANT (ADDRESS)

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19.....

24. Was disease or injury in any way related to occupation of deceased?.....

19. UNDERTAKER (ADDRESS)

If so, specify.....

20. FILED May 10, 1934 Blanche Neely Registrar.

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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