

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

Do not use this space.

23005

1. PLACE OF DEATH

County Greene
Township Kirkville
City Kirkville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 119
St. _____ Ward _____

2. FULL NAME Helen Gertrude Barnes

(a) Residence, No. Greensburg St. _____ Ward _____
(Usual place of abode)

Greensburg, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Barnes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1920
7. AGE YEARS 23 MONTHS 7 DAYS 29 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) Revera (STATE OR COUNTRY) Mich. Mo.

FATHER 13. NAME Joseph Norton

14. BIRTHPLACE (CITY OR TOWN) Greensburg (STATE OR COUNTRY) Mich. Mo.

MOTHER 15. MAIDEN NAME Mary Jettens

16. BIRTHPLACE (CITY OR TOWN) Greensburg (STATE OR COUNTRY) Mich. Mo.

17. INFORMANT Arthur Barnes (ADDRESS) Greensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greensburg DATE July 8

19. UNDERTAKER Keith M. Hudson (ADDRESS) Edina, Mo.

20. FILED July 7 1934 Spencer Freeman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1934

22. I HEREBY CERTIFY That I attended deceased from July 6 1934 to July 6 1934
I last saw her alive on July 6 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Uremia Date of onset _____

Other contributory causes of importance:

Acute Nephritis

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 _____, 1934

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 _____

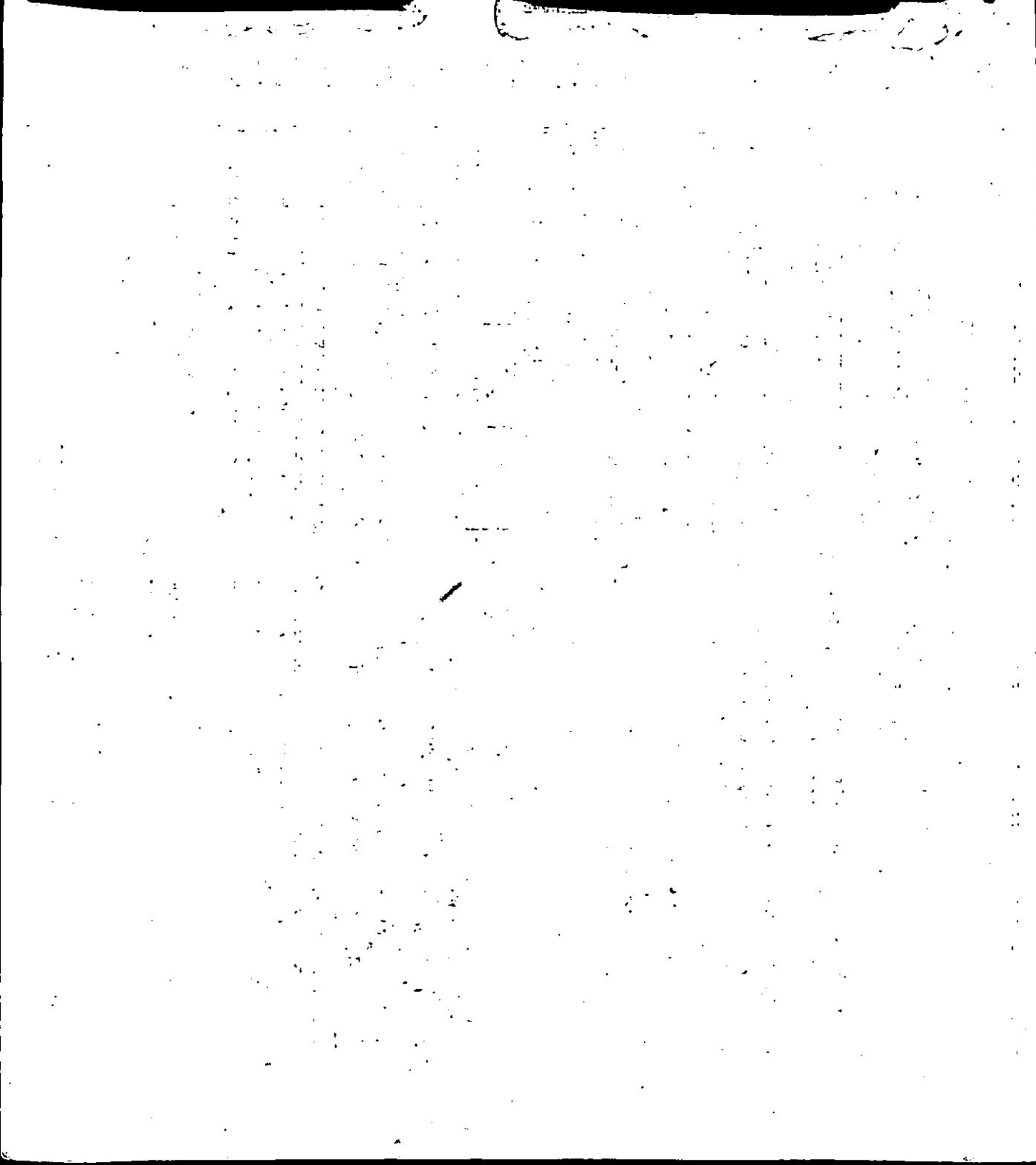
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) John H. Dewey D.O. (Address) Kirkville

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.

JUL 12 1934



#2 Adair
Kirksville

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

119

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Helen Gertrude Barnes
Who died at _____ on July - 6 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 23 Months 7 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Uremia **130**

Other contributory causes of importance Acute Nephritis *Specific cause of infection not known*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Spencer Freeman Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 4

Very truly yours,

Primary Reg. Dist. No. 3001

E. T. McLaugh, M.D.
K.

Special Agent.

5-23005