

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.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Perry
 Township Athens
 City (No.)

Registration District No. 309
 Primary Registration District No. 5427

File No. 24070
 Registered No. 406
 St. Ward

2. FULL NAME

(a) Residence, No. Mahala Jane Barber 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Barber
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 - 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Ohio
 13. NAME John Bronfield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Not Known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT W. E. Barber (ADDRESS) Denver Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Miller Cemetery DATE July 26, 1934
 19. UNDERTAKER A. T. Bage (ADDRESS) Albany Mo.
 20. FILED July 30, 1934 W. E. Barber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 1933 to July 25, 1934
 I last saw him alive on July 24, 1934 Death is said to have occurred on the date stated above, at 7 A. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral Hemorrhage
82 A
 Other contributory causes of importance: 82 A
 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? NO
 If so, specify
 (Signed) J. E. Graham, M. D.
 (Address) Albany Mo.

