

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 15 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Gentry  
Township Jackson  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 312  
Primary Registration District No. 5431A

File No. 24073  
Registered No. 34  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Nancy Joyce Barber  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18-1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 8 9

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) Albany Mo.

13. NAME Elam Barber

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

15. MAIDEN NAME Nellie Shaffer

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

17. INFORMANT (ADDRESS) Mr & Mrs. Elam Barber

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hinton DATE July 28, 1934

19. UNDERTAKER (ADDRESS) A. T. Barber Albany Mo.

20. FILED Aug 10, 1934 A. W. Pauletto  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1934

22. I HEREBY CERTIFY That I attended deceased from July 26, 3PM 1934, to 12M, July 26, 1934  
I last saw her alive on July 26, 1934 Death is said to have occurred on the date stated above, at 7-30AM.  
The principal cause of death and related causes of importance were as follows:

Shock from mechanical  
Stems. July 25

12/18 12/18  
Other contributory causes of importance: Chronic Appendicitis July 22  
Test attach

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 \_\_\_\_\_, 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) Richard H. Hurst, M.D.  
(Address) King City, Missouri

