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.

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

Do not use this space.

35231

1. PLACE OF DEATH

County Boone — Registration District No. 79 — File No. 35

Township — Primary Registration District No. 4047 — Registered No.

City Sturgeon (No. ..... St. ..... Ward)

2. FULL NAME Lovinia Barnes.

(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

3. SEX F — 4. COLOR OR RACE W — 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) Jan 20 1884

7. AGE — YEARS 50 — MONTHS 9 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

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) MO.

FATHER

13. NAME Nuna Barnes.

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

MOTHER

15. MAIDEN NAME Henrietta Bubrage

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

17. INFORMANT (ADDRESS) Blanch Barnes Sturgeon MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Drainage Sp. Oct 5 DATE 1934

19. UNDERTAKER (ADDRESS) Barnes & Bodkin Sturgeon MO

20. FILED 10-5, 1934 E. R. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feby, 1934, to Oct 4th, 1934

I last saw her alive on Oct 2, 1934. Death is said to have occurred on the date stated above, at 4 40 a.m.

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

Fulminating Pernicious Anemia — Date of onset Feby-34

71A

71A

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. 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 ....., 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) Alt. McCorias, M. D.

(Address) Sturgeon Mo.