

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.

NOV 13 1934

1. PLACE OF DEATH

County Laclede

Registration District No. 1149

Township Lebanon

Primary Registration District No. 2467

City Lebanon (No.)

St. Ward

2. FULL NAME

Truma Barclay

(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) March 17, 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

19

7

3

OCCUPATION

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

Waitress

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) Lebanon, Mo. (STATE OR COUNTRY)

FATHER

13. NAME H. Everett Barclay

14. BIRTHPLACE (CITY OR TOWN) Dallas County, Mo. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Maudie Alexander

16. BIRTHPLACE (CITY OR TOWN) Laclede County, Mo. (STATE OR COUNTRY)

17. INFORMANT H. Everett Barclay (ADDRESS) Lebanon,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lebanon DATE 10-21-34

19. UNDERTAKER Palmer (ADDRESS) Lebanon, Mo.

20. FILED 10/23 1934 J. A. McComb Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to Oct 20 1934

I last saw her alive on Oct 20 1934 Death is said

to have occurred on the date stated above, at 3:15 A.M.

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

General diffuse
Peritonitis Secondary
to criminal abortion
195A
12C

Date of onset

Oct 16

Other contributory causes of importance:

Name of operation none Date of Oct 20
What test confirmed diagnosis? Pathologist Was there an autopsy? yes

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) P. Thompson, M. D.

(Address) Lebanon Mo.

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