

JAN 9 1935

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

Do not use this space.

43947

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia

(No. Bothwell Hospital)

File No. 413

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Greenridge 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. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>-</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

13. NAME Harvey J. Barkless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County, Missouri

15. MAIDEN NAME Doris de Garnit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County, Missouri

17. INFORMANT (ADDRESS) Harvey J. Barkless, Greenridge, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE 12-19/34 19

19. UNDERTAKER (ADDRESS) McLaughlin Bros, Sedalia

20. FILED 12/8/34 19 Jean Slack Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11A m.

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

Premature
159 Infant
lived one hour
Other contributory causes of importance:

Name of operation 159 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 _____ 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) _____ M. D.

(Address) Frank R. Moody, Sedalia, Mo.

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.

