

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 4 1935

4666

1. PLACE OF DEATH

County Cedar
Township Jefferson
City _____ (No. _____)

Registration District No. 165
Primary Registration District No. 5230

File No. Feb-26-1935
Registered No. 104
St. _____ Ward _____

2. FULL NAME Nina Florence 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1911

7. AGE YEARS 23 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Humanville, Mo.

13. NAME Leo Clayton

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

15. MAIDEN NAME Fula Chainer

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

17. INFORMANT Leo Clayton (ADDRESS) Humanville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden's DATE Feb 20 1935

19. UNDERTAKER H. O. Davis and Co. (ADDRESS) Starkton, Mo.

20. FILED 2-26-1935 J. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Feb 19, 1935

I last saw him alive on Feb 1, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: [Signature]

Name of operation _____ 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) H. A. Sirelli, M. D.

(Address) Starkton Mo

