

MAR 23 1935

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

Do not use this space.

4877

1. PLACE OF DEATH

County Daughlast Registration District No. 917
Township Bushcraft Primary Registration District No. 5397
City Amey (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Linule Barry
(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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 9 24

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

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) Blanch mo

13. NAME Linule Barry

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

15. MAIDEN NAME Mary Dunkley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daughlast Co mo

17. INFORMANT (ADDRESS) Genas Elitt
child spring mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Daughlast Co mo DATE Feb 14 1935

19. UNDERTAKER (ADDRESS) Buf Hays Buckhart mo

20. FILED Feb 17 1935 H.D. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to _____, 1935.

I last saw him alive on Feb 13, 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:

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 Feb 13 1935

Where did injury occur? highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury washing on highway

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: _____

(Signed) Buf Hays, M. D.

(Address) Buckhart mo

UNFADING INK--THIS IS A PERMANENT RECORD

em of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY the cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

No more information
available - Frances Hol

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

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1. PLACE OF DEATH

County Douglas
Township.....
City..... (No.)

Registration District No. 917
Primary Registration District No. 5397

File No. 4877
Registered No.
St. Ward)

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
27 9 24

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

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED August 1915 H. D. Hopkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1915

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Other contributory causes of importance:
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. D. Hopkins M. D.
(Address) Dora Mt

WRITE PLAINLY, WITHOUT UNFADING INK, WITH THE FULL NAME OF DECEASED, SEX, AGE, PLACE OF DEATH, OCCUPATION, CAUSE OF DEATH, AND DATE OF DEATH IN PLAIN LETTERS, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B. - If any of the above information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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