

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.

15284

JUN 4 1935

1. PLACE OF DEATH

County Shelby

Registration District No. 10-24 826

Township Beulah

Primary Registration District No. 6088

City Beulah

St. Mo. Ward

2. FULL NAME

Beulah 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 22 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

Aug. 18, 1912

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

22

7

17

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

Invalid

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)

Shelby Co., Mo.

13. NAME

L. J. Barnes

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

Beulah

15. MAIDEN NAME

Lilith Milroy

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

Beulah

17. INFORMANT (ADDRESS)

Mrs. James Jones

18. BURIAL, CREMATION, OR REMOVAL

PLACE Methodist

DATE Apr 7, 1935

19. UNDERTAKER (ADDRESS)

Chas. W. Jones

20. FILED

Apr 20, 1935

Mrs. L. J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1935 to Mar 27th, 1935

I last saw her alive on March 27th, 1935 Death is said

to have occurred on the date stated above, at 6:45 a.m.

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

Cardio-Vascular Renal disease

Date of onset February 1935

Other contributory causes of importance:

Bronchial Asthma
Emphysema

Name of operation none 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) E. O. Holmes, M. D.

(Address) Newark Mo

