

JUL 1 1935

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

Do not use this space.

18630

1. PLACE OF DEATH

County Saline

Registration District No. 796

File No.

Township

Primary Registration District No. 3038

Registered No. 87

City Marshall (No. 573 W. Jackson)

St. Ward)

St. Ward)

2. FULL NAME

NANCY ANN BARRON

(a) Residence, No. 573 W. Jackson St., Ward.

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levy Barron

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 11 13

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

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) Ky

13. NAME Sherrod Baker

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

15. MAIDEN NAME Ann Coyle

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

17. INFORMANT (ADDRESS) Geo. Barron, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Drexel, Mo DATE May 30 1935

19. UNDERTAKER (ADDRESS) Short + McCarly, Marshall, Mo.

20. FILED May 28 1935 Helen Houston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1935

22. I HEREBY CERTIFY That I attended deceased from April 4 1935 to May 27 1935

I last saw her alive on May 27 1935. Death is said to have occurred on the date stated above, at 8 p. m.

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

Arteriosclerosis and chronic valvular heart disease

Date of onset ?

Other contributory causes of importance:

(Handwritten signature)

Name of operation Date of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify

(Signed) A. M. Manning, M. D.

(Address) Marshall, 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.

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